

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S90521** (3)

1. Corporation Name
SENIOR CORP. II



Principal Place of Business

**1177 KANE CONCOURSE
2ND FLOOR
BAY HARBOR FL 33154**

Mailing Address

**1177 KANE CONCOURSE
2ND FLOOR
BAY HARBOR FL 33154**

3. Date Incorporated or Qualified
10/29/1991

3a. Date of Last Report
06/27/1995

4. FEI Number
65-0317844

Applied For
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GORSON, MATTHEW B.
1221 BRICKELL AVENUE
MIAMI FL 33131**

81

Name
Martin W. Taplin

82

Street Address (P.O. Box Number is Not Acceptable)
1177 Kane Concourse, Suite 201

83

84

City
Bay Harbor

FL

85

Zip Code
33154

11. Pursuant to the provisions of Sections 607.07(2) and 607.08(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.08(8), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when not filing)

MARTIN W. TAPLIN

March 14, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE

Director/ President

☐ DELETE

NAME

TAPLIN, MARTIN W

STREET ADDRESS

1177 KANE CONCOURSE

CITY - ST - ZIP

BAY HARBOR FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

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☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the individual or individuals empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address change.

SIGNATURE: By: **✓**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1995 (305) 865-5760

DATE

Daytime Phone #

CR2E034 (12/95)