Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90146 047 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S90521 1. Corporation Name

SENIOR											
		Stalling Address									
Principal Place of Business Mailing Address											
1177 KANE CONCOURSE 1177 KANE CONCOURSE 2ND FLOOR 2ND FLOOR											
BAY HARBOR FL 33154 BAY HARBOR FL 33154							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 10/29/1991				
2. Principal Place of Business 2a. Mailing Address						$\neg$	4. FEI Number	-	Ap	plied For	
21 26							65-0317844			t Applicable	
Suite, Apt. ;	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A		
City & State	)	City & State			-		6. Election Campaign Financing		\$5.00	May Be	
23		28					Trust Fund Contribution	ليا	Added t	to Fees	
Zip	Country	Zip	Cot	untry			8. This corporation owes the curre	nt year Inta		_	
24	25	29	30				Personal Property Tax.		□Yes	□No	
	9. Name and Address of Curren	t Registered Agent		1			10. Name and Address of New R	egistered A	Agent		
				81	Name						
TAPLIN, MARTIN W				82 Street Address (P.O. Box Number is Not Acceptable)							
1177 KANE CONCOURSE											
SUITE 201				83							
BAY HARBOR FL 33154				84	City				85 Zip (	Code	
	<u></u>							FL	1	sistered	
	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga					corpora ration	s board of directors. I hereby accep	the appoir	ntment as re	gistered	
SIGNATURE											
3IGNATORE	Signature, typed or printed name of registered age				signature red	guired w	hen reinstating)	DATE AN	D DIDECTO	DS IN 12	
12.	OFFICERS AND DIRECTORS  D DELETE		13.				ADDITIONS/CHANGES TO OFF	FICERS AN	Change		
TITLE	P	_		1.1 TITLE		7-1	D			77	
NAME	TAPLIN, MARTIN W.			1.2 NAME			_				
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP			_	1.4 CITY-ST-ZIP 2.1 TITLE					☐ Change	Addition	
TITLE	<u></u>								_		
NAME .	SILVA, OSMILDA			2.2 NAME 2.3 STREET ADDRESS				_			
STREET ADDRESS	ss 1177 KANE CONCOURSE, STE. 201 BAY HARBOR FL			2.4 CITY-ST-ZIP				•			
CITY-ST-ZIP				TITLE	1-21		· · · · · · · · · · · · · · · · · · ·	-	Change	☐ Addition	
TITLE		<u> </u>	3.2 NAME								
NAME					ADDRESS						
STREET ADDRESS				CITY-S			•				
CITY-ST-ZIP TITLE		☐ DELETE		TITLE					Change	☐ Addition	
NAME			4. 2 NAV								
STREET ADDRESS					FADDRESS						
CITY-ST-ZIP			4.4 (	4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE						☐ Change	Addition	
NAME			5.21	NAME		í					
STREET ADDRESS			5.3 \$	STREET	T ADDRESS	í		-			
CITY-ST-ZIP				CITY-S1	r-ZIP						
		☐ DELETE	6.1	TITLE					Change	Addition	
				NAME -							

CITY-ST-ZIP bify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information acquirate and that my signature shall have the same legal effect as if made under oath; that I am an do to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qual indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empoyered Block 12 or Block 13 if changed, or on an attachment with an address with with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

QUIRED