

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44077 (8)

1. Corporation Name
SENIOR FINANCIAL & HEALTH SERVICES, INC.

Principal Place of Business
**240 SAND KEY ESTATES DRIVE
SUITE 206
CLEARWATER FL 34630**

Mailing Address
**240 SAND KEY ESTATES DRIVE
APT. 206
CLEARWATER FL 34630
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/16/1992

3a. Date of Last Report
04/20/1994

4. FEI Number
59-3130088

Applied For
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MALONEY, JOHN L.
5335 66TH STREET NORTH
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Such 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **PETERSON, BILL**
STREET ADDRESS **240 SAND KEY ESTATES DRIVE, APT. 286**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **D**
NAME **PETERSON, AUDREY J.**
STREET ADDRESS **240 SAND KEY ESTATES DRIVE, APT. 286**
CITY - ST - ZIP **CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE Change Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver or trustee 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.

SIGNATURE: *Audrey J. Peterson* **AUDREY J. PETERSON, Sec.** **4-8-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Date) 813-593-0590