

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sherida B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V44077** (8)

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



Principal Place of Business: **240 SAND KEY ESTATES DRIVE SUITE 286 CLEARWATER FL 34610**
Mailing Address: **240 SAND KEY ESTATES DRIVE APT. 286 CLEARWATER FL 34630 US**

2. Principal Place of Business: [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] County [25]
2a. Mailing Address: [26] Suite, Apt. #, etc. [27] City & State [28] Zip [29] County [30]

3. Date Incorporated or Qualified: **06/16/1992**
3a. Date of Last Report: **04/17/1995**
4. FEI Number: **59-3130088** 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

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 607.0507 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	PETERSON, BILL	
12.3 STREET ADDRESS	240 SAND KEY ESTATES DRIVE, APT. 286	
12.4 CITY, ST, ZIP	CLEARWATER FL	
12.5 TITLE	D	<input type="checkbox"/> DELETE
12.6 NAME	PETERSON, AUDREY J.	
12.7 STREET ADDRESS	240 SAND KEY ESTATES DRIVE, APT. 286	
12.8 CITY, ST, ZIP	CLEARWATER FL	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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 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 treasurer 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 attachment with an address.

SIGNATURE: *Audrey J Peterson* Audrey J Peterson, 3-3-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sec. 119.07(3)(k) 013-59341597

CR2E034 (12/95)