

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

2-7-95 B 935C
CORPORATION

ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 2: 54

DOCUMENT # 581872 (9)

1. Corporation Name
SENTINEL COMMUNITIES, INC.

| | |
|---|---|
| Principal Place of Business C/O REE, INC. 2323 WEST FIFTH AVENUE, SUITE 2360 COLUMBUS OH 43204 | Mailing Address C/O REE, INC. 2323 WEST FIFTH AVENUE, SUITE 2360 COLUMBUS OH 43204 |
|---|---|

DO NOT WRITE IN THIS SPACE.

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 08/09/1978 | 3a. Date of Last Report 02/14/1994 |
|---|---------------------------------------|

| | | |
|--|---|------------------------|
| 2. Principal Place of Business 21 c/o Crown NorthCorp Suite, Apt. #, etc. 22 1251 Dublin Rd. City & State 23 Columbus OH Zip 24 43215 | 2a. Mailing Address 25 c/o Crown NorthCorp Suite, Apt. #, etc. 27 1251 Dublin Rd. City & State 28 Columbus OH Zip 29 43215 | Country 30 Franklin |
|--|---|------------------------|

| | |
|--|--|
| 4. FEI Number 59-1838723 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL |
|---|--|

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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|--|
| TITLE | PTD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROCK, RICHARD A | 1.2 NAME | |
| STREET ADDRESS | 2323 WEST FIFTH AVENUE | 1.3 STREET ADDRESS | 1251 Dublin Rd. |
| CITY - ST - ZIP | COLUMBUS OH 43204 | 1.4 CITY - ST - ZIP | Columbus, OH 43215 |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROARK, RONALD E | 2.2 NAME | |
| STREET ADDRESS | 2323 WEST FIFTH AVENUE | 2.3 STREET ADDRESS | 1251 Dublin Rd. |
| CITY - ST - ZIP | COLUMBUS OH 43204 | 2.4 CITY - ST - ZIP | Columbus, OH 43215 |
| TITLE | VD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTELLI, LOUIS J | 3.2 NAME | |
| STREET ADDRESS | 2323 WEST FIFTH AVENUE | 3.3 STREET ADDRESS | 1251 Dublin Rd. |
| CITY - ST - ZIP | COLUMBUS OH | 3.4 CITY - ST - ZIP | Columbus, OH 43215 |
| TITLE | S | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GORBY, SHARON L | 4.2 NAME | |
| STREET ADDRESS | 2323 WEST FIFTH AVENUE | 4.3 STREET ADDRESS | 1251 Dublin Rd. |
| CITY - ST - ZIP | COLUMBUS OH 43204 | 4.4 CITY - ST - ZIP | Columbus, OH 43215 |
| TITLE | VD | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENKINS, GRACE | 5.2 NAME | |
| STREET ADDRESS | 2323 WEST FIFTH AVENUE | 5.3 STREET ADDRESS | 1251 Dublin Rd. |
| CITY - ST - ZIP | COLUMBUS OH | 5.4 CITY - ST - ZIP | Columbus, OH 43215 |
| TITLE | VD | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHILDHOUSE, JARK B. | 6.2 NAME | |
| STREET ADDRESS | 2323 W. FIFTH AVE | 6.3 STREET ADDRESS | Schildhouse, Mark B. |
| CITY - ST - ZIP | COLUMBUS OH | 6.4 CITY - ST - ZIP | 1251 Dublin Rd. Columbus, OH 43215 |

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 110.07(3)(g), 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 attachment with an address.

SIGNATURE: *Sharon L. Corby* Sharon L. Corby 1/20/95 (614) 488-1169
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date (Typed Name)