

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 581872 (9)
1. Corporation Name
SENTINEL COMMUNITIES, INC.



Principal Place of Business: **C/O CROWN NORTHCORP 1251 DUBLIN RD. COLUMBUS OH 43215 US**
Mailing Address: **C/O CORWN NORTHCORP 1251 DUBLIN RD. COLUMBUS OH 43215 US**

3. Date Incorporated or Qualified: **08/09/1978**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-1838723**
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: **c/o RPC-Mitchell/Titus, Inc.**
2a. Mailing Address: **same as principal place of business**
22. Suite, Apt. #, etc.: **440 E. Swedesford Rd Ste 2000**
23. City & State: **Wayne, PA**
24. Zip: **19087**
25. Country: **USA**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, RICHARD A	
STREET ADDRESS	1251 DUBLIN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROARK, RONALD E	
STREET ADDRESS	1251 DUBLIN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CASTELLI, LOUIS J	
STREET ADDRESS	1251 DUBLIN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GORBY, SHARON L	
STREET ADDRESS	1251 DUBLIN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JENKINS, GRACE	
STREET ADDRESS	1251 DUBLIN RD.	
CITY- ST- ZIP	COLUMBUS OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHILDHOUSE, JARK B.	
STREET ADDRESS	1251 DUBLIN RD.	
CITY- ST- ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Marvin S. Mayer	
13. STREET ADDRESS	101 E. River Drive	
14. CITY- ST- ZIP	E. Hartford, CT 06128	
21. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	John Feil	
23. STREET ADDRESS	101 E. River Drive	
24. CITY- ST- ZIP	E. Hartford, CT 06128	
31. TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Joanne Giase	
33. STREET ADDRESS	101 E. River Drive	
34. CITY- ST- ZIP	E. Hartford, CT 06128	
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY- ST- ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY- ST- ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 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: *Marvin S. Mayer* **Marvin S. Mayer, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)