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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 581872 (9)**

1. Corporation Name  
**SENTINEL COMMUNITIES, INC.**



Principal Place of Business <b>C/O RPC-MITCHELL/TITUS INC 440 E. SWEDES FORD RD STE 2000 WAYNE PA 19087 US</b>	Mailing Address <b>C/O RPC-MITCHELL/TITUS INC 440 E. SWEDES FORD RD STE 2000 WAYNE PA 19087-1820 US</b>
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3. Date Incorporated or Qualified <b>08/09/1978</b>	3a. Date of Last Report <b>07/01/1996</b>
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2. Principal Place of Business 21 <b>C/O FDC, SUBSIDIARIES</b>	2a. Mailing Address 26 <b>C/O FDC, SUBSIDIARIES</b>
22 Suite, Apt. #, etc. <b>101 EAST RIVER DRIVE</b>	27 Suite, Apt. #, etc. <b>P.O. BOX 280402</b>
23 City & State <b>EAST HARTFORD, CT</b>	28 City & State <b>EAST HARTFORD, CT</b>
24 Zip <b>06108</b>	25 Country <b>USA</b>
29 Zip <b>06128-0402</b>	30 Country <b>USA</b>

4. FEI Number <b>59-1838723</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>MAYER, MARVIN S</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>101 E RIVER DR</b>	CITY-ST-ZIP <b>E HARTFORD CT</b>	
TITLE <b>VD</b>	NAME <b>FEIL, JOHN</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>101 E RIVER DR</b>	CITY-ST-ZIP <b>E HARTFORD CT</b>	
TITLE <b>STD</b>	NAME <b>GIESE, JOANNE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>101 E RIVER DR</b>	CITY-ST-ZIP <b>E HARTFORD CT</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>WALLACE JEROME DANO</b>	
1.3 STREET ADDRESS <b>C/O FDC, SUBSIDIARIES</b>	
1.4 CITY-ST-ZIP <b>101 EAST RIVER DRIVE EAST HARTFORD, CT 06108</b>	
2.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>CHARLES LEE TUCKER</b>	
2.3 STREET ADDRESS <b>Same address as above</b>	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>HENRY DEAN VERNON</b>	
3.3 STREET ADDRESS <b>Same address as above</b>	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. Jerome Dano **W. JEROME DANO, PRESIDENT** 3/31/97 (860) 291-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)