

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F76745 (1)

1. Corporation Name
SENTINEL HOLDINGS, INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 13 AM 8:24

Principal Place of Business Mailing Address
**960 ALTON ROAD 960 ALTON ROAD
P. O. BOX 393001 P. O. BOX 393001
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2219277** 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. 199.002, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**HUNTER, BURT
960 ALTON ROAD
MIAMI BEACH FL 33139**

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUNTER, BURT | 1.2 NAME | |
| STREET ADDRESS | 960 ALTON ROAD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MIAMI BEACH FL | 1.4 CITY - ST - ZIP | |
| TITLE | S | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DINUNZIO, GINA | 2.2 NAME | |
| STREET ADDRESS | 960 ALTON ROAD | 2.3 STREET ADDRESS | TERMINATED |
| CITY - ST - ZIP | MIAMI BEACH FL | 2.4 CITY - ST - ZIP | |
| TITLE | V | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAROON, DAVID | 3.2 NAME | |
| STREET ADDRESS | 960 ALTON ROAD | 3.3 STREET ADDRESS | TERMINATED |
| CITY - ST - ZIP | MIAMI BEACH FL | 3.4 CITY - ST - ZIP | |
| TITLE | T | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENT, PETER A | 4.2 NAME | S/T |
| STREET ADDRESS | 960 ALTON ROAD | 4.3 STREET ADDRESS | KENT, PETER A. |
| CITY - ST - ZIP | MIAMI BEACH FL | 4.4 CITY - ST - ZIP | 960 ALTON ROAD MIAMI BEACH, FL 33139 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(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: *Peter A. Kent* PETER A. KENT 6/8/95 (305) 532-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3/95)