

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 05 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001680 (6)**  
 1. Corporation Name  
**SENENICH WOOD PROPELLER COMPANY, INC.**



Principal Place of Business <b>2008 WOOD CT. PLANT CITY FL 33566 US</b>	Mailing Address <b>4801 FORBES BLVD. SUITE 120 LANHAM MD 20706 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/06/1995</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>APPLIED FOR (59-3305026)</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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROWELL, DONALD J</b>	
STREET ADDRESS	<b>4304 LONGFELLOW DRIVE</b>	
CITY - ST - ZIP	<b>PLANT CITY FL</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>WAAK, TERENCE A</b>	
STREET ADDRESS	<b>15307 NORWALK CT.</b>	
CITY - ST - ZIP	<b>BOWIE MD</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> DELETE
NAME	<b>HOZIK, JOHN</b>	
STREET ADDRESS	<b>4801 FORBES BLVD., SUITE 120</b>	
CITY - ST - ZIP	<b>LANHAM MD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTCHER, MCBEE</b>	
STREET ADDRESS	<b>4801 FORBES BLVD., SUITE 120</b>	
CITY - ST - ZIP	<b>LANHAM MD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTCHER IV, HOWARD</b>	
STREET ADDRESS	<b>4801 FORBES BLVD., STE 1205</b>	
CITY - ST - ZIP	<b>LANHAM MD</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BUTCHER, JONATHAN</b>	
STREET ADDRESS	<b>4801 FORBES BLVD., SUITE 120</b>	
CITY - ST - ZIP	<b>LANHAM MD</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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: \_\_\_\_\_ DATE: **7/22/97** (20) 721-0811

CFR2E034 (4/97)