

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L23195 (5)**

1. Corporation Name  
**SENTINEL INSTRUMENT CORPORATION**



Principal Place of Business: %SHELDON R. ARMUS, 243 GOOLSBY BLVD., DEERFIELD BEACH FL 33442  
Mailing Address: %SHELDON R. ARMUS, 243 GOOLSBY BLVD., DEERFIELD BEACH FL 33442

2. Principal Place of Business: 21 1500 SE 3rd COURT, 22 SUITE 109, 23 DEERFIELD BCH. FL, 24 33441  
2a. Mailing Address: 26 1500 SE 3rd COURT, 27 SUITE 109, 28 DEERFIELD BCH. FL, 29 33441  
Country: 25 USA, 30 USA

3. Date Incorporated or Qualified: 10/16/1989  
3a. Date of Last Report: 02/08/1995  
4. FEI Number: 65-0150495  
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

9. Name and Address of Current Registered Agent: ARMUS, SHELDON R, 243 GOOLSBY BLVD., DEERFIELD BEACH FL 33442  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 1500 SE 3rd. COURT, 83 SUITE 109, 84 City: DEERFIELD BCH. FL, 85 33441

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Sheldon Armus* SHELDON ARMUS 4/15/96  
Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: ARMUS, SHELDON R	1.1 TITLE: P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5840 TOWN BAY DR	CITY-ST-ZIP: BOCA RATON FL	1.2 NAME: ARMUS, SHELDON	
		1.3 STREET ADDRESS: 601 CYPRESS LAKE BLVD, APT N	
		1.4 CITY-ST-ZIP: POMPANO BEACH, FL 33064	
TITLE: D	NAME: ARMUS, JENNIFER A.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 818 W. THARPE STREET	CITY-ST-ZIP: TALLAHASSEE FL	2.2 NAME:	
		2.3 STREET ADDRESS:	
		2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		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 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 or changed, or on an attachment with an address.

SIGNATURE: *Sheldon Armus* 4/15/96 (954) 4284138  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)