

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L23195 (5)
 1. Corporation Name
SENTINEL INSTRUMENT CORPORATION



Principal Place of Business 1500 SE 3RD COURT SUITE 109 DEERFIELD BEACH FL 33441 US	Mailing Address 1500 SE 3RD COURT SUITE 109 DEERFIELD BEACH FL 33441 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1228 S. Military Trail Suite, Apt. #, etc. 22 apt # 2125 City & State 23 Deerfield Beach, FL Zip 24 33442	2a. Mailing Address 26 1228 S. Military Trail Suite, Apt. #, etc. 27 Apt # 2125 City & State 28 Deerfield Beach FL Zip 29 33442	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 10/16/1989	4. FEI Number 65-0150495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
 ARMUS, SHELDON R
 1500 SE 3RD COURT SUITE 109
 DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name ARMUS, SHELDON R
82 Street Address (P.O. Box Number is Not Acceptable) 1228 S. Military Trail apt 2125
83
84 City Deerfield Beach
85 Zip Code FL 33442

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: *Sheldon Armus* DATE: 3/30/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	ARMUS, SHELDON	
STREET ADDRESS	601 CYPRESS LAKE BLVD APT N	
CITY-ST-ZIP	POMOPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMUS, JENNIFER A.	
STREET ADDRESS	818 W. THARPE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARMUS, SHELDON	
1.3 STREET ADDRESS	1228 S. Military Trail apt # 2125	
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WHITTAKER JENNIFER A.	
2.3 STREET ADDRESS	2772 NE 279 AVE.	
2.4 CITY-ST-ZIP	LIGHTHOUSE PT., FL, 33064	
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 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 in an attachment with an address.

SIGNATURE: *Sheldon Armus* DATE: 3/30/98

CFR2E034 (10/97)