

**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

**FILED**  
May 14 1996 8:00 am  
Secretary of State

DOCUMENT # **L31426 (4)**

1. Corporation Name  
**SENERCOMM, INC.**



Principal Place of Business  
**3930 RCA BOULEVARD  
STE 3004  
PALM BEACH GARDENS FL 33410  
US**

Mailing Address  
**3930 RCA BOULEVARD  
SUITE 3004  
PALM BEACH GARDENS FL 33410  
US**

3. Date Incorporated or Qualified **11/20/1989** 3a. Date of Last Report **06/16/1995**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0162025** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**FLETCHER, JOHN S.  
SUITE 5300  
200 SOUTH BISCAYNE BLVD  
MIAMI FL 33131-2339**

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 \_\_\_\_\_ (NOTE - Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEATING, MARK K. <i>Ap.</i>	1.2 NAME	Richard Green
STREET ADDRESS	<del>901B 53RD STREET</del> 424 Northlake Ct. D.	1.3 STREET ADDRESS	8551 SW 140TH TERR
CITY-ST-ZIP	WEST PALM BEACH FL North Palm Bch, FL.	1.4 CITY-ST-ZIP	MIAMI, FL.
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENFELL, D P	2.2 NAME	
STREET ADDRESS	3930 RCA BLVD STE 3004	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LAWRENCE J.	3.2 NAME	
STREET ADDRESS	104 RAINBOW FISH CIRCLE 123 BONEFISH CIR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL Jupiter, FL	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOOJIN, TOM	4.2 NAME	
STREET ADDRESS	200 WEST COURT SQUAR, SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, MONRO	5.2 NAME	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISE, JOHN	6.2 NAME	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: **May 18, 1996** (407) 775-9889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)