


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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L31426 (4)

1. Corporation Name
SENERCOMM, INC.



Principal Place of Business 3930 RCA BOULEVARD STE 8004 PALM BEACH GARDENS FL 33410 US	Mailing Address 3930 RCA BOULEVARD SUITE 3004 PALM BEACH GARDENS FL 33410-4214 US
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3. Date Incorporated or Qualified 11/20/1989	3a. Date of Last Report 05/14/1996
4. FEI Number 65-0162025	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEATING, MARK K.	
STREET ADDRESS	424 NORTHLAKE COURT APT D	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRENFELL, D P	
STREET ADDRESS	3930 RCA BLVD STE 3004	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GOMEZ, LAWRENCE J.	
STREET ADDRESS	123 BONEFISH CIRCEL EAST	
CITY-ST-ZIP	JUPITER FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	NOOJIN, TOM	
STREET ADDRESS	200 WEST COURT SQUAR, SUITE 100	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANIER, MONRO	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISE, JOHN	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	
CITY-ST-ZIP	HUNTSVILLE AL	

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: _____

CR2E034 (9/96)