

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

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90003 022 \*\*\*550.00

11/20/98

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L31426**

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

Principal Place of Business: 1930 RCA BOULEVARD, STE 3004, PALM BEACH GARDENS FL 33410, JS  
 Mailing Address: 3930 RCA BOULEVARD, SUITE 3004, PALM BEACH GARDENS FL 33410, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business. 2a. Mailing Address  
 1. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.  
 2. City & State 27. City & State  
 3. Zip Country 28. Zip Country  
 4. 25. 29. 30.

3. Date Incorporated or Qualified  
**11/20/1989**  
 4. FEI Number **65-0162025** Applied For Not Applicable  
 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 owes the current year intangible Personal Property Tax.  Yes  No

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS, LEON</b>	
STREET ADDRESS	<b>P O BOX 633 105 MORRIS AVENUE SUITE 301</b>	
CITY-ST-ZIP	<b>SPRINGFIELD NJ 07081</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, LARRY</b>	
STREET ADDRESS	<b>3930 RCA BOULEVARD STE #3004</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>GOMEZ, LAWRENCE J.</b>	
STREET ADDRESS	<b>123 BONEFISH CIRCEL EAST</b>	
CITY-ST-ZIP	<b>JUPITER FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLS, EMERY</b>	
STREET ADDRESS	<b>3930 RCA BOULEVARD</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>RYBA, JACK</b>	
STREET ADDRESS	<b>41 N MAIN STREET</b>	
CITY-ST-ZIP	<b>GREENSBURG PA 15601</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **REQUIRED** \_\_\_\_\_ 7/14/99 561-975-7881  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)