

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L50067** (2)

1. Corporation Name
SENTECH EAS INTERNATIONAL, INC.



Principal Place of Business Mailing Address
484 S W 12TH AVE DEERFIELD BEACH FL 33442-3104 US

3. Date Incorporated or Qualified **02/09/1990** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0172724	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**POZENSKY, SAUL
484 SW 12TH AVE
DEERFIELD BEACH FL 33442**

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 making change) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPO <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNA, RICHARD	1.2 NAME
STREET ADDRESS	484 SW 12TH AVE	1.3 STREET ADDRESS 5158 NW 52ST
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP COCONUT CREEK, FL 33073
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSENSKY, SAUL	2.2 NAME
STREET ADDRESS	484 SW 12TH AVE	2.3 STREET ADDRESS 6503 N. MILITARY TRAIL APT 1204
CITY-ST-ZIP	DEERFIELD BEACH FL	2.4 CITY-ST-ZIP BOCA RATON, FL 33496
TITLE	VTS <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDLEMAN, STEPHEN	3.2 NAME
STREET ADDRESS	484 SW 12TH AVE	3.3 STREET ADDRESS 4177 CORAL SPRINGS DRIVE
CITY-ST-ZIP	DEERFIELD BEACH FL	3.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME MULHANE, EDWARD
STREET ADDRESS		4.3 STREET ADDRESS 686 WESTVIEW COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP RIVEREDGE, NJ 07661
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME RESANOVICH, MILAN
STREET ADDRESS		5.3 STREET ADDRESS 21 ROBINHOOD LANE
CITY-ST-ZIP		5.4 CITY-ST-ZIP CHATHAM, NJ 07928
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME HALPERN, DAVID
STREET ADDRESS		6.3 STREET ADDRESS 4605 LINDELL ROAD
CITY-ST-ZIP		6.4 CITY-ST-ZIP ST. LOUIS, MO 63108

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: **4/30/96 (954) 426-2965**

CR2E034 (12/95)