

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L50067** (2)  
1. Corporation Name  
**SENTECH EAS INTERNATIONAL, INC.**



Principal Place of Business <b>484 S W 12TH AVE DEERFIELD BEACH FL 33442-3104 US</b>	Mailing Address <b>484 S W 12TH AVE DEERFIELD BEACH FL 33442-3104 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>same</b> Suite, Apt. #, etc. 22 <b>I</b> City & State 23 <b>I</b> Zip 24 <b>33442-9108</b>	2a. Mailing Address 26 <b>same</b> Suite, Apt. #, etc. 27 <b>I</b> City & State 28 <b>I</b> Zip 29 <b>33442-3108</b>	Country 25 <b>same</b> Country 30 <b>same</b>
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3. Date Incorporated or Qualified <b>02/09/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0172724</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 **on file** (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VPD</b>
NAME	<b>SPAGNA, RICHARD</b>
STREET ADDRESS	<b>5158 NW 52ST</b>
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>PD</b>
NAME	<b>POSENSKY, SAUL</b>
STREET ADDRESS	<b>6503 N MILITARY TRAIL APT 1204</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VTS</b>
NAME	<b>NEEDLEMAN, STEPHEN</b>
STREET ADDRESS	<b>4177 CORAL SPRINGS DRIVE</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>MULHARE, EDWARD</b>
STREET ADDRESS	<b>686 WESTVIEW COURT</b>
CITY-ST-ZIP	<b>RIVERDALE NJ</b>
TITLE	<b>D</b>
NAME	<b>RESANDOVICH, MICKEN</b>
STREET ADDRESS	<b>21 ROBINHOOD LANE</b>
CITY-ST-ZIP	<b>CHATHAM NJ</b>
TITLE	<b>D</b>
NAME	<b>HALPENN, DAVID</b>
STREET ADDRESS	<b>4805 LINDELL ROAD</b>
CITY-ST-ZIP	<b>ST LOUIS MD</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard J. Spagna</b>
1.3 STREET ADDRESS	<b>5158 N.W. 52nd Street</b>
1.4 CITY-ST-ZIP	<b>Coconut Creek, FL 33073</b>
2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Saul Pozensky</b>
2.3 STREET ADDRESS	<b>6503 N. Military Trail Apt. #1204</b>
2.4 CITY-ST-ZIP	<b>Boca Raton, FL. 33496</b>
3.1 TITLE	<b>VTS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ronald L. Mazzagison, Jr.</b>
3.3 STREET ADDRESS	<b>1504 Chadwick Court</b>
3.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33462</b>
4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Edward A. Mulhare</b>
4.3 STREET ADDRESS	<b>686 Westview Court</b>
4.4 CITY-ST-ZIP	<b>Riveredge, N.J. 07661</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Milan Resanovich</b>
5.3 STREET ADDRESS	<b>21 Robinhood Lane</b>
5.4 CITY-ST-ZIP	<b>Chatham, N.J. 07928</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Thomas A. Nicolette</b>
6.3 STREET ADDRESS	<b>33 Springhollow Road</b>
6.4 CITY-ST-ZIP	<b>Centerport, N.Y. 11721</b>

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 or on an attachment with an address.

SIGNATURE **on file**

CR2E034 (4/97)