

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 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 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 484 S W 12TH AVE  
 DEERFIELD BEACH FL 33442-3104 DEERFIELD BEACH FL 33442-3104  
 US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21. *same* 26. *same*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22. *I* 27. *I*  
 City & State City & State  
 23. *I* 28. *I*  
 Zip Country Zip Country  
 24. 33442-9108 25. *same* 29. 33442-3108 30. *same*

3. Date Incorporated or Qualified 3a. Date of Last Report  
 02/09/1990 05/01/1996  
 4. FEI Number Applied For  
 65-0172724 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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

10. Name and Address of New Registered Agent

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* *on file*  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAGNA, RICHARD	1.2 NAME	Richard J. Spagna
STREET ADDRESS	5158 NW 52ST	1.3 STREET ADDRESS	5158 N.W. 52nd Street
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	PD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSENSKY, SAUL	2.2 NAME	Saul Pozensky
STREET ADDRESS	6503 N MILITARY TRAIL APT 1204	2.3 STREET ADDRESS	6503 N. Military Trail Apt. #1204
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL. 33496
TITLE	VTS	3.1 TITLE	VTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEEDLEMAN, STEPHEN	3.2 NAME	Ronald L. Mazzagison, Jr.
STREET ADDRESS	4177 CORAL SPRINGS DRIVE	3.3 STREET ADDRESS	1504 Chadwick Court
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Boynton Beach, FL 33462
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHARE, EDWARD	4.2 NAME	Edward A. Mulhare
STREET ADDRESS	686 WESTVIEW COURT	4.3 STREET ADDRESS	686 Westview Court
CITY-ST-ZIP	RIVERDALE NJ	4.4 CITY-ST-ZIP	Riveredge, N.J. 07661
TITLE	D	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESANDOVICH, MICKEN	5.2 NAME	Milan Resanovich
STREET ADDRESS	21 ROBINHOOD LANE	5.3 STREET ADDRESS	21 Robinhood Lane
CITY-ST-ZIP	CHATHAM NJ	5.4 CITY-ST-ZIP	Chatham, N.J. 07928
TITLE	D	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALPENN, DAVID	6.2 NAME	Thomas A. Nicolette
STREET ADDRESS	4805 LINDELL ROAD	6.3 STREET ADDRESS	33 Springhollow Road
CITY-ST-ZIP	ST LOUIS MD	6.4 CITY-ST-ZIP	Centerport, N.Y. 11721

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 *[Signature]*

CR2E034 (4/97)