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FILED
Feb 03 1997 8:00am
Secretary of State



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

PROFIT CORPORATION ANNUAL REPORT 1997

DOCUMENT # P40046 (5)
 1. Corporation Name
SENTINEL SECURITY PLANS, INC.



Principal Place of Business Mailing Address
1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON TX 77019
1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON TX 77019-2507

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **03/18/1996**
 4. FEI Number **62-1264104** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 25 29 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFITH, KEN R. 1929 ALLEN PARKWAY HOUSTON TX 77019 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SPARACIO, ROBERT D. 1929 ALLEN PARKWAY HOUSTON TX 77019 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRIGGS, CURTIS 1929 ALLEN PARKWAY HOUSTON TX 77019 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOHMAN, JOHN H. J 1929 ALLEN PARKWAY HOUSTON TX <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEINEKER, JOHN E. 1929 ALLEN PARKWAY HOUSTON TX 77019 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KENNETH R. GRIFFITH DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON TX 77019
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT D. SPARACIO DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON, TEXAS 77019
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GREGG FAULKNER DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON TX 77019
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN E. STEINEKER DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON TX 77019
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD FRANK C. JONES DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY HOUSTON TX 77019

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: *John H. Lohman, Jr.* **JOHN H. LOHMAN, JR** 1/9/97 (713) 525-5571
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)