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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90052 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P40046**

1. Corporation Name
SENTINEL SECURITY PLANS, INC.

8660



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/10/1992

4. FEI Number Applied For
62-1264104 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

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

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRIFFITH, KEN R.	
STREET ADDRESS	1929 ALLEN PKWY DPT 2934 9TH FL	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPARACIO, ROBERT D	
STREET ADDRESS	1929 ALLEN PKWY DPT 2934 9TH FL	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FAULKNER, GREGG	
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOHMAN, JOHN H. J	
STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEINEKER, JOHN E	
STREET ADDRESS	DPT 2934 9TH FL 1929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JONES, FRANK C	
STREET ADDRESS	DEPT 2934 9TH FLOOR 1929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX 77019	

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 checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY SUZANNE DINEFF
3.3 STREET ADDRESS	1929 ALLEN PARKWAY
3.4 CITY-ST-ZIP	HOUSTON TX 77019
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: John H. Lohman, Jr. **JOHN H. LOHMAN, JR.** **4-26-99** **713-522-5141**
 Date Daytime Phone #

CR2E034 (11/98)