

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000073078 (4)
 1. Corporation Name
SENTINEL ACCEPTANCE CORPORATION



Principal Place of Business 1515 UNIVERSITY DR #120 CORAL SPRINGS FL 33071	Mailing Address 1515 UNIVERSITY DR #120 CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1995

2. Principal Place of Business 21 601 Gateway Blvd. Suite, Apt. #, etc. 22 Suite 260 City & State 23 S. San Francisco, CA Zip 24 94080	2a. Mailing Address 26 601 Gateway Blvd. Suite, Apt. #, etc. 27 Suite 260 City & State 28 S. San Francisco, CA Zip 29 94080	Country 25 San Mateo 30 San Mateo
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4. FEI Number 65-0606171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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

FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVENUE
FOURTH FLOOR
W. PALM BEACH FL 33402-3188

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOSER, IVAN	
STREET ADDRESS	12445 N.W. 10TH CT.	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, MELVIN	
STREET ADDRESS	203 PARADISE DRIVE	
CITY - ST - ZIP	TIDURON GA 31020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jonathon W. Hollandsworth	
1.3 STREET ADDRESS	601 Gateway Blvd. #260	
1.4 CITY - ST - ZIP	S. San Francisco CA 94080	
2.1 TITLE	Dorothy Kulpinski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Secretary & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dorothy Kulpinski	
3.3 STREET ADDRESS	601 Gateway Blvd. #260	
3.4 CITY - ST - ZIP	S. San Francisco CA 94080	
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 to this address.

Jonathon W. Hollandsworth
 President
 1111209 150 810 2100

CR2E034 (10/97)