

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**FILED**  
**95 MAY -1 AM 9:02**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



**PROFIT CORPORATION ANNUAL REPORT 1996**

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

**DOCUMENT # P95000084970 (9)**  
 1. Corporation Name  
**SENTINEL CREDIT CORPORATION**



Principal Place of Business: **1515 UNIVERSITY DR #204C CORAL SPRINGS FL 33071**  
 Mailing Address: **1515 UNIVERSITY DR #204C CORAL SPRINGS FL 33071**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **11/06/1995**  
 3a. Date of Last Report  
 4. FEI Number: **65-0616651**  
 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

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 (81-85)

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVAN HOSER</b>	1.2 NAME	
STREET ADDRESS	<b>12445 NW 10th Ct</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELVIN GILBERT</b>	2.2 NAME	
STREET ADDRESS	<b>203 PARADISE DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TIBURON, CA 94920</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**200001820642**  
**-05/14/96--01086--013**  
**\*\*\*\*200.00 \*\*\*\*200.00**

*Handwritten initials: AB*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **Pres. Sentinel Acceptance Corp. 4/12/96 954-796-9915**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **IVAN HOSER**  
 G.P. **DATE: 4/12/96** **DATE: 4/12/96**

CR2E034 (12/95)