

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 PM 11:25

DOCUMENT # **L31426** (4)

1. Corporation Name
SENERCOMM, INC.

Principal Place of Business	Mailing Address
3930 RCA BOULEVARD SUITE 304 PALM BEACH GARDENS FL 33410 US	3930 RCA BOULEVARD SUITE 3004 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1989	3a. Date of Last Report 07/19/1994
4. FEI Number 65-0162025	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc Suite 3004 City & State	26 Suite, Apt. #, etc City & State
23 Zip	29 Zip
25 Country	30 Country

B. Name and Address of Current Registered Agent

FLETCHER, JOHN S.
SUITE 5300
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2339

10. Name and Address of New Registered Agent

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

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

Signature (Typed or printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	KEATING, MARK K.
STREET ADDRESS	301B 53RD STREET
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	PDT
NAME	ROTHENBERG, BRUCE M.
STREET ADDRESS	19201 CRISA DRIVE
CITY, ST, ZIP	PALM BEACH GARDENS FL
TITLE	VPS
NAME	GOMEZ, LAWRENCE J.
STREET ADDRESS	104 RAINBOW FISH CIRCLE
CITY, ST, ZIP	JUPITER FL
TITLE	DC
NAME	NOOJIN, TOM
STREET ADDRESS	200 WEST COURT SQUAR, SUITE 100
CITY, ST, ZIP	HUNTSVILLE AL
TITLE	D
NAME	LANIER, MONRO
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100
CITY, ST, ZIP	HUNTSVILLE AL
TITLE	D
NAME	BISE, JOHN
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100
CITY, ST, ZIP	HUNTSVILLE AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	GRENFELL, D.P.
3. STREET ADDRESS	3930 RCA BLVD, SUITE 3004
4. CITY, ST, ZIP	PALM BEACH GARDENS, FL 33410
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
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 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: *Mark Keating*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

407/775-9889