

**PROFIT CORPORATION ANNUAL REPORT 1995**



Approved and Forwarded by  
**Samuel B. Blumenthal**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 22 AM 8:57

**DOCUMENT # P93000016382 (2)**

1. Corporation Name  
**SENEX INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**336 ALLISON AVE.**                      **336 ALLISON AVE.**  
**LONGWOOD FL 32750**                      **LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified      3a. Date of Last Report  
**03/03/1993**                                      **04/01/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**    **26**  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.  
**22**    **27**  
 City & State                                      City & State  
**23**    **28**  
 Zip    Zip    Country    Country  
**24**    **25**    **29**    **30**

4. FEI Number      Applied For  
**59-3176116**                                      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 a. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**HOCK, MARIANNA**  
**336 ALLISON AVE.**  
**LONGWOOD FL 32750**

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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>HOCK, MARIANNA</b>
STREET ADDRESS	<b>336 ALLISON AVE.</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<b>V</b>
NAME	<b>NAGY, SANDOR S</b>
STREET ADDRESS	<b>336 ALLISON AVE.</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<b>S</b>
NAME	<b>PEKANOVICS, CSILLA</b>
STREET ADDRESS	<b>336 ALLISON AVE.</b>
CITY - ST - ZIP	<b>LONGWOOD FL 32750</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 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 110.07(3)(b), 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 the 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  *Marianna Hock Pekanovics*       **6-19-95**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (3/95)