

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 14 1996 8:00 am
Secretary of State

DOCUMENT # **L31426 (4)**

1. Corporation Name
SENERCOMM, INC.



Principal Place of Business
**3930 RCA BOULEVARD
STE 3004
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**3930 RCA BOULEVARD
SUITE 3004
PALM BEACH GARDENS FL 33410
US**

3. Date Incorporated or Qualified **11/20/1989** 3a. Date of Last Report **06/16/1995**

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

4. FEI Number **65-0162025** Applied For 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 s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (applicable) (NOTE - Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KEATING, MARK K.	Ap.
STREET ADDRESS	901B 53RD STREET 424 Northlake Ct. D.	
CITY-ST-ZIP	WEST PALM BEACH FL North Palm Bch, FL.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRENFELL, D P	
STREET ADDRESS	3930 RCA BLVD STE 3004	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GOMEZ, LAWRENCE J.	
STREET ADDRESS	104 RAINBOW FISH CIRCLE 123 BONFISH CIR E	
CITY-ST-ZIP	JUPITER FL Jupiter, FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	NOOJIN, TOM	
STREET ADDRESS	200 WEST COURT SQUAR, SUITE 100	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANIER, MONRO	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
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

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Green	
1.3 STREET ADDRESS	8551 SW 140TH TERR	
1.4 CITY-ST-ZIP	MIAMI, FL.	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED 18, 1996 775-9889
Date Daytime Phone #

CR2E034 (12/95)