

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 10 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/20/1989
 4. FEI Number: 65-0162025
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. 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 (81-85) fields for Name, Street Address, City, and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VP	NAME: KEATING, MARK K.	1.1 TITLE: Director
STREET ADDRESS: 424 NORTHLAKE COURT APT D	CITY-ST-ZIP: NORTH PALM BEACH FL	1.2 NAME: Leon Harris
		1.3 STREET ADDRESS: PO Box 633 105 Morris Avenue Suite 301
		1.4 CITY-ST-ZIP: Springfield, NJ 07081
TITLE: D	NAME: GRENFELL, D P	2.1 TITLE: President/Director
STREET ADDRESS: 3930 RCA BLVD STE 3004	CITY-ST-ZIP: PALM BEACH GARDENS FL	2.2 NAME: Larry Gomez
		2.3 STREET ADDRESS: 3930 RCA Boulevard # 3004
		2.4 CITY-ST-ZIP: Palm Beach Gardens FL 33410
TITLE: VPS	NAME: GOMEZ, LAWRENCE J.	3.1 TITLE: Treasurer
STREET ADDRESS: 123 BONEFISH CIRCEL EAST	CITY-ST-ZIP: JUPITER FL	3.2 NAME: Emery Mills
		3.3 STREET ADDRESS: 3930 RCA Boulevard
		3.4 CITY-ST-ZIP: Palm Beach Gardens FL 33410
TITLE: DC	NAME: NOOJIN, TOM	4.1 TITLE: Secretary, Asst Treasurer, Director
STREET ADDRESS: 200 WEST COURT SQUAR, SUITE 100	CITY-ST-ZIP: HUNTSVILLE AL	4.2 NAME: Jack Ryba
		4.3 STREET ADDRESS: 41 N. Main Street
		4.4 CITY-ST-ZIP: Greensburg PA 15601
TITLE: D	NAME: LANIER, MONRO	5.1 TITLE:
STREET ADDRESS: 200 WEST COURT SQUARE, SUITE 100	CITY-ST-ZIP: HUNTSVILLE AL	5.2 NAME:
		5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:
TITLE: D	NAME: BISE, JOHN	6.1 TITLE:
STREET ADDRESS: 200 WEST COURT SQUARE, SUITE 100	CITY-ST-ZIP: HUNTSVILLE AL	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)(f), 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: _____ DATE: 8/1/98 5:11-775-0779

CR2E034 (5/98)