

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90047 048 ***150.00

05-45938

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001680

1. Corporation Name
SENENICH WOOD PROPELLER COMPANY, INC.



Principal Place of Business 2008 WOOD CT. PLANT CITY FL 33566 US	Mailing Address 4601 FORBES BLVD. SUITE 120 LANHAM MD 20706 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33567	Country 25
	Country 29
	Country 30

3. Date Incorporated or Qualified 04/06/1995	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-3305026		
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWELL, DONALD J	1.2 NAME	STEVEN BOSER
STREET ADDRESS	4304 LONGFELLOW DRIVE	1.3 STREET ADDRESS	2008 WOOD CT.
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAAK, TERENCE A	2.2 NAME	TERRENCE WAAK
STREET ADDRESS	15307 NORWALK CT.	2.3 STREET ADDRESS	15307 NORWALK CT
CITY-ST-ZIP	BOWIE MD	2.4 CITY-ST-ZIP	BOWIE, MD 20716
TITLE	CEO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOZIK, JOHN	3.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., SUITE 120	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANHAM MD	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, MCBEE	4.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., SUITE 120	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANHAM MD	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER IV, HOWARD	5.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., STE 1205	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANHAM MD	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCHER, JONATHAN	6.2 NAME	
STREET ADDRESS	4601 FORBES BLVD., SUITE 120	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANHAM MD	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)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE **TERRENCE WAAK**

4/6/98

(301) 731-0811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)