

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 415502 (4)

1. Corporation Name

SENTURY ENGINEERING, INC.



Principal Place of Business

Mailing Address

8797 94TH STREET
(P O BOX 3311)
SEMINOLE FL 34647-2500

8797 94TH STREET
(P O BOX 3311)
SEMINOLE FL 34647-2500

3. Date Incorporated or Qualified
12/28/1972

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 40824 Leray Rd

26 P.O. Box 3311

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23 Zephyrhills FL

28 Seminole FL

24 Zip

25 Pasco

29 Zip

30 Pinellas

4. FEI Number
59-1430396

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. 193.032
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, DAWN M
9380 ULMERTON RD.
LARGO FL 34641

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 607.02 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 607.005, Florida Statutes.

SIGNATURE

Signature type: Printed Name of Registered Agent and Title (Applicable)

(Name: Registered Agent's signature required for reinstating)

6/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
MILLER, MARVIN
8797 94TH STREET
SEMINOLE FL

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MILLER, MARVIN
8797 94TH STREET
SEMINOLE FL

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MILLER, DAWN M
9380 ULMERTON RD.
LARGO FL

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition

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 supplement to 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 617, 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

Date

Daytime Phone #

CR2E034 (3/96)