

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **442451 (1)**

1. Corporation Name
SENSA EDUCATIONAL SYSTEMS, INC.



Principal Place of Business: **9765 N.W. 63RD PLACE PARKLAND FL 33067**
 Mailing Address: **9765 N.W. 63RD PLACE PARKLAND FL 33067**

2. Principal Place of Business: **9765 N.W. 63RD PLACE PARKLAND FL 33067**
 2a. Mailing Address: **9765 N.W. 63RD PLACE PARKLAND FL 33067**

3. Date Incorporated or Qualified: **01/14/1974** 3a. Date of Last Report: **01/27/1995**
 4. FCI Number: **59-1548274**
 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
**BARON, RICHARD
 11077 BISCAYNE BLVD., #307
 MIAMI FL 33161**

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 607.0602 and 607.1504, 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 607.0604, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12-1 NAME	PTD SHORE, LARRY	<input type="checkbox"/> DELETE
12-2 STREET ADDRESS	9765 N.E. 63RD PLACE	
12-3 CITY, ST, ZIP	PARKLAND FL 33067	
12-4 TITLE	S	<input type="checkbox"/> DELETE
12-5 NAME	BARON, RICHARD	
12-6 STREET ADDRESS	11077 BISCAYNE BLVD.#307	
12-7 CITY, ST, ZIP	MIAMI FL	
12-8 TITLE	VS	<input type="checkbox"/> DELETE
12-9 NAME	SHORE, BONNIE	
12-10 STREET ADDRESS	9765 N.W. 63RD PLACE	
12-11 CITY, ST, ZIP	PARKLAND FL 33067	
12-12 TITLE		<input type="checkbox"/> DELETE
12-13 NAME		
12-14 STREET ADDRESS		
12-15 CITY, ST, ZIP		
12-16 TITLE		<input type="checkbox"/> DELETE
12-17 NAME		
12-18 STREET ADDRESS		
12-19 CITY, ST, ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13-1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 NAME		
13-3 STREET ADDRESS		
13-4 CITY, ST, ZIP		
13-5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-6 NAME		
13-7 STREET ADDRESS		
13-8 CITY, ST, ZIP		
13-9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME		
13-11 STREET ADDRESS		
13-12 CITY, ST, ZIP		
13-13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-14 NAME		
13-15 STREET ADDRESS		
13-16 CITY, ST, ZIP		
13-17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-18 NAME		
13-19 STREET ADDRESS		
13-20 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 included 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 changes I or on my behalf with an address.

SIGNATURE: **LARRY SHORE PRES.** 2/12/96 (954)346-7998
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)