

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 442451 (1)

1. Corporation Name
SENSA EDUCATIONAL SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9765 N.W. 63RD PLACE PARKLAND FL 33067	Mailing Address 9765 N.W. 63RD PLACE PARKLAND FL 33067
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3. Date Incorporated or Qualified
01/14/1974

2. Principal Place of Business 21 4960 NW 92 TER.	2a. Mailing Address 26 4960 NW 92 TER.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. FEI Number
59-1548274

Applied For Not Applicable

22 City & State 23 Coral Springs, FL	27 City & State 28 Coral Springs, FL
24 Zip 33067	29 Zip 33067
25 Country Broward	30 Country Broward

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BARON, RICHARD
11077 BISCAYNE BLVD., #307
MIAMI FL 33161

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, LARRY	1.2 NAME	
STREET ADDRESS	9765 N.E. 63RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARON, RICHARD	2.2 NAME	
STREET ADDRESS	11077 BISCAYNE BLVD.#307	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, BONNIE	3.2 NAME	
STREET ADDRESS	9765 N.W. 63RD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ SIGNATURE REQUIRED **1/12/98 (954) 346-7998**

CR2E034 (10/97)