

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

FILED  
Apr 07 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 # 545740 (3)  
1. Corporation Name  
AMERICAN SENTRY, INC.

Principal Place of Business  
3506 SW ARMELLINI AVE.  
PALM CITY FL 34990

Mailing Address  
3506 SW ARMELLINI AVE.  
PALM CITY FL 34990



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1977	
21	Suite, Apt. #, etc.	26	5352 SW Markel St	4. FEI Number 59-1779514	Applied For Not Applicable
22	City & State	27	Palm City, FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	34990	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	USA	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BAKER, JAMES W. 5352 SW MARKEL STREET PALM CITY FL 34990		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	PD	1.1 TITLE	
NAME	BAKER, JAMES W.	1.2 NAME	
STREET ADDRESS	5352 SW MARKEL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	BAKER, PAMELA SUSAN	2.2 NAME	
STREET ADDRESS	5352 SW MARKEL ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Susan Baker* VP SUSAN BAKER 3-16-98 561 286-2553

CR2E034 (10/97)