

FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 818937 (5)
1. Corporation Name
SENTINEL COMMUNICATIONS COMPANY

**633 N. ORANGE AVENUE
ORLANDO FL 32801**

Mailing Address
435 N. MICHIGAN AVENUE
SUITE #800
CHICAGO IL 60611-4001
US

3. Date Incorporated or Qualified 08/05/1965	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1103775		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
	25		30				

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
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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, THOMAS P		1.2 NAME		
STREET ADDRESS	833 N. ORANGE AVENUE		1.3 STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL		1.4 CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	PD, CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUERNER, JOHN		2.2 NAME	Puerner, John P	
STREET ADDRESS	633 N ORANGE AVE		2.3 STREET ADDRESS	633 N. Orange Ave.	
CITY- ST- ZIP	ORLANDO FL		2.4 CITY- ST- ZIP	Orlando, FL	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAILE JR, LLOYD JOHN		3.2 NAME	700002142937	
STREET ADDRESS	833 N. ORANGE AVE.		3.3 STREET ADDRESS	-04/15/97--01003--017	
CITY- ST- ZIP	ORLANDO FL		3.4 CITY- ST- ZIP	***165.00	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRADOWSKI, S. J., JR.		4.2 NAME	Kenney, Crane H.	
STREET ADDRESS	435 N. MICHIGAN AVENUE		4.3 STREET ADDRESS	435 N. Michigan Ave.	
CITY- ST- ZIP	CHICAGO IL		4.4 CITY- ST- ZIP	Chicago, IL 60611	
TITLE	VAS	<input type="checkbox"/> DELETE	5.1 TITLE	V & Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDEN, RICHARD E		5.2 NAME	Darden, Richard E	
STREET ADDRESS	633 N ORANGE AVE		5.3 STREET ADDRESS	633 N. Orange Ave.	
CITY- ST- ZIP	ORLANDO FL		5.4 CITY- ST- ZIP	Orlando, FL	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CANTRELL, JOSEPH D.		6.2 NAME	Dowdle, James C	
STREET ADDRESS	435 N. MICHIGAN AVE		6.3 STREET ADDRESS	435 N. Michigan Ave.	
CITY- ST- ZIP	CHICAGO IL		6.4 CITY- ST- ZIP	Chicago, IL 60611	

14. I do 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: CRANE KENNEY *Crane Kenney* 3/31/97 312/222-3277

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CR2E034 (9/96)