

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:19

DOCUMENT # 855014

(7)

1. Corporation Name

SENTRA SECURITIES CORPORATION

Principal Place of Business

**2355 NORTHSIDE DRIVE, SUITE #200
P.O. BOX 85023
SAN DIEGO CA 92108-4399**

Mailing Address

**2355 NORTHSIDE DRIVE, SUITE #200
P.O. BOX 85023
SAN DIEGO CA 92108-4399**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/17/1982

3a. Date of Last Report

03/07/1994

4. FEI Number

95-3635749

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. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WOLTMAN, RICHARD P.
STREET ADDRESS	2355 NORTHSIDE DR #200
CITY - ST - ZIP	SAN DIEGO CA
TITLE	D
NAME	MCGUIRE, MELISA R.
STREET ADDRESS	2355 NORTHSIDE DR #200
CITY - ST - ZIP	SAN DIEGO CA
TITLE	OP
NAME	KNAPP, CONSTANCE S
STREET ADDRESS	2355 NORTHSIDE DR #200
CITY - ST - ZIP	SAN DIEGO CA
TITLE	V
NAME	COEHLO, JOSEPH
STREET ADDRESS	2355 NORTHSIDE DR #200
CITY - ST - ZIP	SAN DIEGO CA
TITLE	S
NAME	WOLTMAN, KAYE A.
STREET ADDRESS	2355 NORTHSIDE DR #200
CITY - ST - ZIP	SAN DIEGO CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(4), 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 307, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or as an attachment with an address.

SIGNATURE:

Kaye A. Woltnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAYE A. WOLTMAN

3/29/95 584-6074
DATE