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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000011 (6

SENCOM CORP. (SENSORS AND COMMUNICATIONS)

_,		Mailing Address 3 PRESTON COURT BEDFORD MA 01730-2319							
						3. Date Incorporated or Qualified 01/03/1994	J	ate of Last F 04/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number		h	pplied For	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			04-3141006			ot Applicable Additional	
22		27			5. Certificate of Status Desired			equired	
City & Stat	е	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip Country			,	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \(\square\) Yo \(\square\) No			
24	25 25 Name and Address of Cur	29 rent Registered Agent	30			10. Name and Address of New Re			
DED	RY, DORRAL G. J			B1	Name		,		
	1 MINUTEMAN ST.				Discoul Asid	(D.O. B., M., L.	1-2		
	S-207		82 Street Ad			ress (P.O. Box Number is Not Acceptab	ie)		
	RICK AFB FL 32925-3237		[вз					
			-	84	City			85 Zip	Code
44 Division1	to the provisions of Continue CO7.	100 and 607 1600 Florida Di	atutos the sh			conding submits this statement for the su	FL	. L	to replained
SIGNATURE	Signature, typed or profed name of registeres	agest and life if applicable	(NOTE: Registered			oration submits this statement for the p tion's board of directors. I hereby accep and when reastaing)	DATE	- \	
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		10.00
TITLE	CPT	DELETE		1.1 TITLE				Change	Addition
NAME STREET ADDRESS	YEATTS, FREDRICK S 3 PRESTON COURT		1.2 NAN		99.10cd4.1				
CITY-ST-ZIP	BEDFORD MA 01730			1.3 STREET ADORESS 1.4 CITY - ST - ZIP					
TITLE	DEDI OND MA 01700			2.1 TOLE				Change	Addition
NAME			2 2 NAN	2 2 NAME					
STREET ADDRESS			2 3 STR	FET	ADDRESS				
CITY-ST-ZIP			2 4 CH	_	ST - 7IP				
TITLE		☐ DELETE	31111					L Change	Addition
NAME .			3.2 NAM		, stronger				
STREET ADDRESS CITY-ST-ZIP					ADDRESS				
TITLE				3.4. CITY - ST - ZIP 4.1 TITLE				Change	Addition
NAME	e,		4. 2 NA						
STREET ADDRESS	·		4.3 S1R	EET	ADDRESS				
CITY-ST-ZIP			4.4 CITY	r S	1 - ZIP				
TITLE	DELETE		511111	5.1 TILLE				Change	Addition
NAME			5.2 NAN						
STREET ADDRESS					ADDRESS				
CITY-\$T-ZIP TITLE		DELETE	5.4 CITY 6 1 THL	•••	T-ZIP			Change	Addition
NAME		ب مردرر	6.2 NAN					Li Change	LI MOSIMON
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 City						

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:

**The Control of the corporation of 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:

**The Control of the corporation of 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:

**The Control 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:

**The Control of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicates are control or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicates are control or the receiver or trustee empowered to execute the second or the receiver of the corporation of the receiver or trustee empowered to execute the second or the receiver of the receiver or trustee empowered to execute the receiver of the receiver of the receiver of the receiver of the receiver of