FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000003345 (4)**

1. Corporation Name

SENTRY EQUIPMENT CORP.

Principal Place of Business

P.O. BOX 127
OCONOMOWOC WI 53066

Mailing Address

P.O. BOX 127
OCONOMOWOC WI 53066

3. Date Incorporated or Qualified: **07/10/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: **39-0343280** ☐ 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

9. Name and Address of Current Registered Agent

HAKIM, MORRIS
1200 N. FEDERAL HWY., STE. 200
BOCA RATON FL 33432

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HENSZEY, MARY		1.2 NAME		
STREET ADDRESS	334 MAPLE TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OCONOMOWOC WI 53066		1.4 CITY ST ZIP		
TITLE	CT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HENSZEY, RICHARD		2.2 NAME		
STREET ADDRESS	334 MAPLE TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCONOMOWOC WI 53066		2.4 CITY ST ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARRELL, MIKE		3.2 NAME		
STREET ADDRESS	2180 LE CHATEAU DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKFIELD WI 53045		3.4 CITY ST ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, MYRON		4.2 NAME		
STREET ADDRESS	N23 W28221 BEACH PARK DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEWAUKEE WI 53072		4.4 CITY ST ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAKIM, MORRIS		5.2 NAME		
STREET ADDRESS	1012 BEL AIR DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND BEACH FL 33487		5.4 CITY ST ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Electronic Filer #

CR2E034 (12/95)