

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 53066-0127**

FILED
Apr 02 1997 8:00am
Secretary of State



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1012 Bel Air Drive

83

84 City

Highland Beach

FL

85 Zip Code
33487

3. Date Incorporated or Qualified

07/10/1995

3a. Date of Last Report

04/30/1996

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

10. Name and Address of New Registered Agent

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

H. Hakim

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

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

3-27-97

DATE

12. OFFICERS AND DIRECTORS

TITLE	CS	☒ DELETE
NAME	HENSZEY, MARY	
STREET ADDRESS	334 MAPLE TERRACE	
CITY - ST - ZIP	OCONOMOWOC WI 53066	
TITLE	CT	☒ DELETE
NAME	HENSZEY, RICHARD	
STREET ADDRESS	334 MAPLE TERRACE	
CITY - ST - ZIP	OCONOMOWOC WI 53066	
TITLE	DP	☐ DELETE
NAME	FARRELL, MIKE	
STREET ADDRESS	2180 LE CHATEAU DR.	
CITY - ST - ZIP	BROOKFIELD WI 53045	
TITLE	V	☐ DELETE
NAME	FELDMAN, MYRON	
STREET ADDRESS	N23 W28221 BEACH PARK DR.	
CITY - ST - ZIP	PEWAUKEE WI 53072	
TITLE	V	☐ DELETE
NAME	HAKIM, MORRIS	
STREET ADDRESS	1012 BEL AIR DR.	
CITY - ST - ZIP	HIGHLAND BEACH FL 33487	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	S. McDermott, Sherri
6.3 STREET ADDRESS	N4086 West Water St.
6.4 CITY - ST - ZIP	Sullivan WI 53178

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:

H. Hakim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97 (407) 367-8655

Date Daytime Phone #

CR2E034 (9/96)