

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G43085** (1)  
1. Corporation Name  
**SENSIDYNE, INC.**

Principal Place of Business <b>16333 BAY VISTA DRIVE CLEARWATER FL 34620 US</b>	Mailing Address <b>16333 BAY VISTA DRIVE CLEARWATER FL 34620-3130 US</b>
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3. Date Incorporated or Qualified <b>06/10/1983</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2208930</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**TRUEX, BRYAN  
16333 BAY VISTA DRIVE  
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent

81 Name <b>MAZZUCA, CARL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>16333 BAY VISTA DRIVE</b>
83
84 City <b>CLEARWATER</b>
85 Zip Code <b>FL 34620</b>

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

**4-29-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>TRUEX, BRYAN</b>	
STREET ADDRESS	<b>521 BELLE ISLE</b>	
CITY - ST - ZIP	<b>BELLAIR BEACH FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ROBERT, BRUCE P.</b>	
STREET ADDRESS	<b>12837 FLULSHING MEADOWS</b>	
CITY - ST - ZIP	<b>ST. LOUIS MO</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, HALVOR B.</b>	
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>	
CITY - ST - ZIP	<b>ST. LOUIS MO</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT, BRUCE G.</b>	
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>	
CITY - ST - ZIP	<b>ST. LOUIS MO</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>SCHWARTZE, RICHARD J.</b>	
STREET ADDRESS	<b>12837 FLUSHING MEADOWS</b>	
CITY - ST - ZIP	<b>ST. LOUIS MO</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>BOWRON, ROBERT R.</b>	
STREET ADDRESS	<b>12837 FLUSING MEADOWS</b>	
CITY - ST - ZIP	<b>ST LOUIS MO</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MAZZUCA, CARL</b>	
1.3 STREET ADDRESS	<b>16333 BAY VISTA DRIVE</b>	
1.4 CITY - ST - ZIP	<b>CLEARWATER, FL 34620</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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/DIRECTOR

DATE

DAYTIME PHONE #

*Richard J. Schwartz*

**4/28/97**

**(314) 965 2444**

CR2E034 (9/96)