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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H47331

(4)

SENTINEL FINANCIAL CORPORATION, INC.

Principal Place of Business			Mailin	Mailing Address				1 1001011 0111 01911 10090 11100 1111	: 1181 81811 BI		1 01011 1991	
700 SARASOTA QUAY SARASOTA FL 34236-5901 US			SARA	700 SARASOTA QUAY SARASOTA FL 34236-5901 US				DO NOT WE	ITE IN THE	S SPACE		
			03	03			3. Date Incorporated or Qualifie 03/15/1985					
2. Principal Pla	ace of Busin	ness	2a. Ma	2a. Mailing Address				4. FEI Number	• •	Ap	plied For	
21			26	26				59-2518174		No	t Applicable	
Suite, Apt. I	#, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State			Cit	City & State			6. Election Campaign Financing	}	\$5.00	May Be		
23			28	28				Trust Fund Contribution		Added		
Zip		Country	Zış		Coun	ntry		8. This corporation owes or has	paid the d			
24 25			29					Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent								10. Name and Address of New	Registere	d Agent		
PRETSCHINER, ROBERT						81	Name					
1800 SECOND ST STE. 803					ľ	82 Street Address (P.O. Box Number is Not Acceptable)						
SARASOTA FL 34236					Ī	83						
						84	City	ty FL 85 Zip Code				
office or re agent. I an SIGNATURE	egistered aç n familiar w	ent, or both, in the St ith, and accept the ob	ate of Florida. Siligations of, Se	Such change was a ection 607.0505, Flo	es, the about the state of the	ove by ites.	named corpo the corporation	oration submits this statement for the on's board of directors. I hereby ac	e purpose cept the a	of changing it ppointment as	s registered registered	
	Signature, typed	for printed name of registered				Agen	t signature require	d when reinstating)	DATE			
12.		OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OF	FICERS A		RS IN 12	
TITLE	PD DELETE									Change	Addition	
NAME		THEODORE K.				1.2 NAME						
STREET ADDRESS		AMILTON CLUB CI	τ				uddress					
CITY-ST-ZIP	SARAS	JIA FL		DELETE	1.4 CITY		- ZIP			Channe	Addition	
TITLE	-				2.1 TITL	-				Change	LA MORION	
NAME					2.2 NAM							
STREET ADDRESS							NDORESS					
CITY-ST-ZIP			 	DELETE	2. 4 CIT 3.1 YITL		r-zip		· · ·	Change	Addition	
				L DELETE	3.2 NAS	-				C Change	Addition	
NAME						-						
STREET ADDRESS							LDDRESS				ļ	
TITLE				DELETE	3.4. CHT 4.1 TOTA		- 2117			Change	Addition	
NAME				با عدد اد	4. 2 NA		-			المراسين ب	rwaidon	
STREET ADORESS							ADDRESS					
CITY-ST-ZIP					4.4 City						ı	
TITLE		 		DELETE	5.1 TITL		-41			Change	Addition	

14. I 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 of on an altachment with an address.

6.2 NAME 6.3 STREET ADDRESS

5.2 NAME 5.3 STREET ADDRESS

5.4 CITY - ST - ZIP 6.1 TITLE

IGNATURE: SWOTEN K-WITTIE 4-29-90

1 my name appears in 944-365-5626

CR2E034 (10/97)

FILED

May 12 1998 8:00am

Secretary of State