

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 # K10024 (3)

1. Corporation Name
SENTINEL INDUSTRIES CORP.



Principal Place of Business
720 NORTHEAST 69 STREET
SUITE 12W
MIAMI FL 33138
US

Mailing Address
720 NORTHEAST 69 STREET
SUITE 12W
MIAMI FL 33138
US

3. Date Incorporated or Qualified 12/31/1987
3a. Date of Last Report 05/01/1995

2. Principal Place of Business
21 7501 NW 4 ST
Suite, Apt. #, etc.
22 210
City & State
23 PLANTATION, FL
Zip
24 33317
Country
25 BROWARD
26 7501 NW 4 ST
Suite, Apt. #, etc.
27 210
City & State
28 PLANTATION, FL
Zip
29 33317
Country
30 BROWARD

4. FEI Number 65-0039463
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

10. Name and Address of New Registered Agent

%G.I.C. CORP., ATTN: ELTON M. CARY
720 N.E. 69 ST
12 W. TOWERS
MIAMI FL 33138

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
CD	CARY, ELTON M.	720 NORTHEAST 69 STREET, 12W TOWERS	MIAMI FL	<input type="checkbox"/>
PD	CARY, ILENE	720 NORTHEAST 69 STREET, 12W TOWERS	MIAMI FL	<input type="checkbox"/>
SD	COKE, ASALEY	720 NORTHEAST 69 STREET, 12W TOWERS	MIAMI FL	<input type="checkbox"/>
TV	COKE, ASHLEY	600 N PINE ISLAND RD	PLANTATION FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(k), 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: ELTON M. CARY

4/26/96 954-583-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

CR2E034 (12/95)