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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 11:26

DOCUMENT # **L31426** **(4)**

1. Corporation Name
SENERCOMM, INC.

Principal Place of Business	Mailing Address
3930 RCA BOULEVARD SUITE 304 PALM BEACH GARDENS FL 33410 US	3930 RCA BOULEVARD SUITE 3004 PALM BEACH GARDENS FL 33410 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1989
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22: Suite 3004
Suite, Apt. #, etc — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0162025 ☐ 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

FLETCHER, JOHN S.
SUITE 5300
200 SOUTH BISCAYNE BLVD
MIAMI FL 33131-2339

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	D ☐ Change ☒ Addition
NAME	KEATING, MARK K.	12 NAME	GRENFELL, D.P.
STREET ADDRESS	301B 53RD STREET	13 STREET ADDRESS	3930 RCA BLVD, SUITE 3004
CITY-ST-ZIP	WEST PALM BEACH FL	14 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	~~PDT~~	21 TITLE	☐ Change ☐ Addition
NAME	~~ROTHENBERG, BRUCE M.~~	22 NAME	
STREET ADDRESS	~~19201 CRISA DRIVE~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BEACH GARDENS FL~~	24 CITY-ST-ZIP	
TITLE	VPS	31 TITLE	☐ Change ☐ Addition
NAME	GOMEZ, LAWRENCE J.	32 NAME	
STREET ADDRESS	104 RAINBOW FISH CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	
TITLE	DC	41 TITLE	☐ Change ☐ Addition
NAME	NOOJIN, TOM	42 NAME	
STREET ADDRESS	200 WEST COURT SQUAR, SUITE 100	43 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LANIER, MONRO	52 NAME	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	53 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BISE, JOHN	62 NAME	
STREET ADDRESS	200 WEST COURT SQUARE, SUITE 100	63 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	64 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: Mark Keating 6/8/95 407/775-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080620 CP