FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(7)

 Corporation Name SENPAX, INC.

Principal Place of Business % RICHARD F. GONET 911 POCONO DRIVE **RICHMOND VA 23236**

Mailing Address

% RICHARD F. GONET 911 POCONO DRIVE RICHMOND VA 23236



								3.	Date Incorporated 12/22/1988	or Qualified	3a. Date	of Last 5/01/	
Principal Place of Business			2a.	2a. Mailing Address				4.	FEI Number				Applied For
1			26	6				54-1461152					Not Applicable
Suite, Apt. #, etc 2			27	Suite, Apt. #, etc.			5.	Certificate of Status	Desired	□ \$8.75 Additional Fee Required			
3	City & State		28	City & State				1	Election Campaign Trust Fund Contrib	_		-	.00 May Be ded to Fees
	Zip	Country		Zip	Co	untry		8.	This corporation ha	s liability for i	ntangible ta	cunder	s 199.032,
4		25	29		30				Florida Statutes	Yes	□ No		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
	DODINGON DAV					81	Name						
ROBINSON, DAVID C. 1326 SO. RIDGEWOOD AVE.,					82	82 Street Address (P.O. Box Number is Not Acceptable)							
	DAYTONA BEACH	ł FL 32014				83					··· · · · · · · · · · · · · · · · · ·		
						84	City				FL	85	Zip Code
11	 Pursuant to the provis 	ions of Sections 607	.0502 and 60	7.1508, Florida Statu	ites, the ab	ove-r	named comora	ation su	ibmits this stateme	nt for the pur	oose of cha	naina it	s registered office

Porsular to the provisions of sections to 7,0002 and 607,1006, nona statutes, the above-hamed corporation's some statement for the purpose of changing its registered on 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	it applicable. (NOTE	Registered Agent signature require	ed when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME	WEILER, PAUL R. JR.		1.2 NAME	
STREET ADDRESS	10400 MELISSA MILL RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND, VA. 23236		1.4 CITY - ST- ZIP	
TITLE	VD	☐ DELETE	2. 1 TITLE	Change Addition
NAME	HUNTER, EDWARD T. III		2.2 NAME	
STREET ADDRESS	11803 PLEASANTHILL CT.		2.3 STREET ADDRESS	
CHTY-ST-ZIP	RICHMOND, VA. 23236		2.4 CITY - ST- ZIP	
TITLE		☐ DELETE	3. 1 TITLE	☐ Change ☐ Addition
NAMÉ			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CHY-ST-ZIP			3 4 CITY - ST - ZIP	
TITLE		☐ DELETE	4. 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE		□ DELETE	5. 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY - S1 - ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6. 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-SI-ZIP			6.4 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)(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 eath; 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 3 if changed, or on an attachment with an address.

SIGNATURE:

ALL R. WEILER PAW.

804-320-2226

CR2E034 (12/95)