
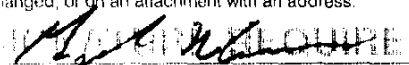


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P27528 (9)			
1. Corporation Name SENCAM, INC.			
Principal Place of Business 145 MARSTON ST. LAWRENCE MA 01841 US		Mailing Address 145 MARSTON ST. LAWRENCE MA 01841-1526 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/29/1989		3a. Date of Last Report 03/22/1996	
4. FEI Number 02-0426696		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MARRAMA LAUREN C 7903 WHITE WATER COURT WEST TAMPA FL 33637		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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MARRAMA, LAUREN C.	1.2 NAME	
STREET ADDRESS	7903 WHITE WATER COURT WEST	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMPA FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	
NAME	CAMUSO, GERALD M.	2.2 NAME	
STREET ADDRESS	124 BLUEBERRY HILL LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORTH ANDOVER MA	2.4 CITY- ST- ZIP	
TITLE	TD	3.1 TITLE	
NAME	CAMUSO, GERALD M	3.2 NAME	
STREET ADDRESS	124 BLUEBERRY HILL LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	NO. ANDOVER MA	3.4 CITY- ST- ZIP	
TITLE	SD	4.1 TITLE	
NAME	SENNOTT, PATRICK J.	4.2 NAME	
STREET ADDRESS	74 WASHINGTON AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	WINTHROP MA	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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:  Gerald M. Camuso VP SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)

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