

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

FILED
May 05 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 # P94000010670 (5)

1. Corporation Name

SENTRY CAPITAL CORPORATION

Principal Place of Business

Mailing Address

3494-1 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

3494-1 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207-5610



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/01/1994	05/28/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3220217	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

GAMWELL, TIMOTHY B
2215 NW 36TH ST.
MIAMI FL 33142

10. Name and Address of New Registered Agent

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

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	P.D.
NAME	JOHNSON, JAMES R	1.2 NAME	Madan, Norman
STREET ADDRESS	3500 PHILLIPS HWY	1.3 STREET ADDRESS	3500 Phillips Highway
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	SD	2.1 TITLE	S.V. T.D.
NAME	MULVHILL, PADRAIC E	2.2 NAME	Gamwell, Tim
STREET ADDRESS	3500 PHILLIPS HWY	2.3 STREET ADDRESS	2215 N.W. 36TH ST
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	T	3.1 TITLE	N.
NAME	SMITH, PATRICIA D	3.2 NAME	CONNORS, Bm
STREET ADDRESS	3500 PHILLIPS HWY	3.3 STREET ADDRESS	3261 Phillips Highway
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

305-638-2010

CR2E034 (9/96)