

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037364 (4)

1. Corporation Name
SENTRY PROPERTY MANAGEMENT, INC.



Principal Place of Business
**235 N.E. SIXTH AVENUE
DELRAY BEACH FL 33483**

Mailing Address:
**235 N.E. SIXTH AVENUE
DELRAY BEACH FL 33483**

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip 25. Country

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip 30. Country

3. Date Incorporated or Qualified **05/06/1994** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0542064** 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

**GALLUP, MARIJANE A
235 N.E. SIXTH AVENUE
DELRAY BEACH FL 33483**

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 **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.0603, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLUP, MARIJANE A	
STREET ADDRESS	235 N.E. SIXTH AVENUE	
CITY-STATE-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLUP, JAMES M	
STREET ADDRESS	235 N.E. SIXTH AVENUE	
CITY-STATE-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-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 oath; that I am an officer or director of the corporation or the receiver or trustee or person 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: *m. j. Gallup*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACT- 3/14/96 407272-2617

CR2E034 (12/95)