

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000010019 (4)

1. Corporation Name

SENCON INTERNATIONAL, INC.



Principal Place of Business

3313 N.E. 39TH STREET
FORT LAUDERDALE FL 33308

Mailing Address

3313 N.E. 39TH STREET
FORT LAUDERDALE FL 33308

3. Date Incorporated or Qualified
02/02/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1885 W. Commercial Blvd.

26 1885 W. Commercial Blvd.

4. FEI Number

65-0562569

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #190

27 Suite #190

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33309

25 Broward

29 33309

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BULFIN, ROBERT M
2826 E. OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

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

Signature, typed or printed name 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 D ☐ DELETE
NAME SHIELDS, WINSTON
STREET ADDRESS 3313 N.E. 39TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33308

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME CRADDOCK, PAUL
STREET ADDRESS 1885 W. COMMERCIAL BLVD., #190
CITY-ST-ZIP FORT LAUDERDALE FL 33309

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME STOCK, MICHAEL J
STREET ADDRESS 3313 N.E. 39TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33308

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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

Date

Daytime Phone #

CR2E034 (12/95)