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FILED

Feb 27 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 # P95000010019 (4)

1. Corporation Name:  
SENCOR INTERNATIONAL, INC.



Principal Place of Business

1885 W. COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE FL 33309  
US

Mailing Address

1885 W COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE FL 33309-3066  
US

3. Date Incorporated or Qualified  
02/02/1995

3a. Date of Last Report  
03/05/1996

2. Principal Place of Business

21 3313 N.E. 39TH ST  
Suite, Apt. #, etc.

2a. Mailing Address

26 3313 N.E. 39TH ST.  
Suite, Apt. #, etc.

4. FEI Number

65-0562569

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

23 FORT LAUDERDALE, FL

City & State

28 FORT LAUDERDALE, FL

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

24 33308

Country

29 33308

Country

9. Name and Address of Current Registered Agent

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

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

Signature type: J or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)