

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90062 041 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000055185**

1. Corporation Name  
**SENTRY ACCOUNTING, INC.**

Principal Place of Business 4827 HIGHLANDS PL. DR. LAKELAND FL 33813	Mailing Address 4827 HIGHLANDS PL. DR. LAKELAND FL 33813
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1509 S. Florida Avenue Suite, Apt. #, etc. 22 Suite 2 City & State 23 Lakeland, FL Zip 24 33803 Country 25 USA	2a. Mailing Address 26 1509 S. Florida Avenue Suite, Apt. #, etc. 27 Suite 2 City & State 28 Lakeland, FL Zip 29 33803 Country 30 USA
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3. Date Incorporated or Qualified 06/21/1996	4. FEI Number 59-3391244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MASTROPIETRO, DONALD R**  
**4827 HIGHLANDS PL. DR.**  
**LAKELAND FL 33813**

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, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	MASTROPIETRO, DONALD R	
STREET ADDRESS	4827 HIGHLANDS PLACE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MASTROPIETRO, JOANNE A	
STREET ADDRESS	4827 HIGHLANDS PLACE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	CPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Teresa B. Crowley	
13 STREET ADDRESS	1509 S. Florida Avenue, Suite 2	
14 CITY-ST-ZIP	Lakeland, FL 33803	
21 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Donald R. Mastropietro	
23 STREET ADDRESS	1509 South Florida Ave., Suite 2	
24 CITY-ST-ZIP	Lakeland, FL 33803	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Teresa B. Crowley* Teresa B. Crowley, President 1/23/99 (941) 683-5523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)