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

PROFIT CORPORATION' **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P96000067478 (3) SENSE ON THE DOLLER INC. DOCUMENT #

Principal Place of Business

Mailing Address

P.O. BOX 448 Palm Beach Fl 33480		P.O. BOX 448 PALM BEACH FL 33480-0448			
				3. Date Incorporated or Qualified 3a 08/12/1996	Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0686365	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		b. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
. Zip	Country	Zip	Country	8. This corporation has liability for intang	
24	9. Name and Address of Current	29 3	0	Florida Statutes Yes 10. Name and Address of New Register	
G/0 -1 32	OUNKE, TERENCE J MARK VOGEL- 5 S. CONGRESS AVE, STE-232 VNTON BEACH FL-33428'		81 Name 82 Street A 83 84 City / (Annak Maguik Adress 19 O. Box Number is Not Acceptable) Jast Polm Reach	FL 85 Zip Code
SIGNATURE	Signature, typod or printed name of regist/rod agor	Applicable / (NOTE F	Registered Agent signature (L197
12.	OFFICERS AND		13.	ADDITIONS CHANGES TO OFFICERS	/
TITLE	Phisipent a thia	SULAY DELETE	1.1 TITLE		Change
NAME	ANMAR MAGUIL	noi en	1.2 NAME	022 0. 00. 000	
STREET ADDRESS	30x 448 993 P	ILGRIM Rd	13 STREET ADDRESS	323 PILGUM WAY	12111
CITY-ST-ZIP	W. Harm Reach	FL 334505	1.4 CITY-ST-ZIP	N PULM ZOACH FT.	33400
TITLE		CUTALY DELETE	21 TITLE		Change
NAME	TEYENCE I O ROW	24 alined	2.2 NAME	222 Dil O Cin Pro	-6
STREET ADDRESS	300 448 2330	THOMINE	23 STREET ADDRESS	333 Pital in Pour	2 23/10
CITY-ST-ZIP	W Parm Bench	F 1-1 334405	2.4 C/TY-ST-Z/P	o purm-beach r	Change Addition
TITLE		La print	3 1 TITLE	a mana a man	
NAME			3.2 NAME	40000223	38640 -01060033
STREET ADDRESS			3.3 STREET ADDRESS	****165.0	
CITY-ST-ZIP TITLE	<u> </u>	DELETE	3.4. C(TY-ST-Z)P 4.1 TITLE		Change Addition
NAME		Land December	4.2 NAME	•	
,			1		
STREET ADDRESS			4.3 STREET ADDRESS	S. T. T.	
CITY-ST-ZIP TITLE		DELETE	4.4 City-St-ZiP 5.1 Title		Change Addition
"NAME		DETER	52 NAME	•	Chi cuming
STREET ADDRESS			1		
]		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	DELETE	5 4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		percie	62 NAME		C Change C Addition
STREET ADDRESS			l i		
			6 3 STREET ADDRESS		
14. I do here	by certify that the information supplied	with this filing does not qualify	64 CiTY-ST-ZIP for the exemption sta	ated in Section 119.07(3)(i) Florida Statutes 1 fu	irther certify that the
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 trusted 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.					