**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000101946

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90068 009 \*\*\*150.00

SENJEN	, INC.										
Principal Place	e of Business	Mai	ling Address					III <b>v v</b> (4) i i i i i i i i i i i i i i i i i i i	1818: ILBI	18111 618	( <b>)</b>
11888 SILVER (	OAK DRIVE		8 SILVER OAK DRIVE								
DAVIE FL 33330 DAVIE FL 33330							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							12/03/1997				
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applie	ed For
21		26					65-0797347			Not A	pplicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		•		
22		27								Requ	-
City & State	e	$\vdash$	City & State				6. Election Campaign Financing			00 Ma	
23	0	28	7:	Counti			Trust Fund Contribution			ed to F	-ees
Zip	Country	$\vdash$	Zip 	30	У		<ol> <li>This corporation owes the curre Personal Property Tax.</li> </ol>	ent year inte	angibie <b>M</b> Yes		No
24	9. Name and Address of Current	29  Registe	ered Agent	1301			10. Name and Address of New R	egistered i	/		
	5. Italie and Addiess of Content	tog.ot		8	1 Name	)					
VALC	DES-FAULI CORPORATE SERVICES	s, inc	!	L.	2 04	. A .d .d .a.s.	ss (P.O. Box Number is Not Accepta	blo)			
777	SOUTH FLAGLER DRIVE, SUITE 5	90E		8	2 Stree	t Addres	ss (P.O. Box Number is Not Accepta	Die)			
DAVI	IE FL 33330			8	3						
				8	4 City				85 2	Zip Cod	de
				i	1			<u> </u>		-	
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 60 Florida ons of, §	7.1508, Florida Statut i. Such change was a Section 607.0505, Flo	es, the abo uthorized b rida Statute	ve-name y the corp es.	d corpor poration	ration submits this statement for the it's board of directors. I hereby accept	purpose of t the appoir	changing ntment as	g its reg s regis	gistered tered
agent. I as	m familiar with, and accept the obligation	ons or, a	Section 607.0505, Fio	nga Statute	98.		ration submits this statement for the i's board of directors. I hereby accept when reinstating)	purpose of t the appoint	changing ntment as	its reg s regis	gistered tered
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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: