

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S68325** (7)

1. Corporation Name
SENDEL CORPORATION



Principal Place of Business: **2383 S.E. FEDERAL HWY STUART FL 34994**
Mailing Address: **2383 S.E. FEDERAL HWY STUART FL 34994**

3. Date Incorporated or Qualified: **07/24/1991**
3a. Date of Last Report: **03/21/1995**
4. F.I.I. Number: **65-0281874**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

**GOOGE, HOWARD E JR
401 EAST OSCEOLA ST.
FIRST FLOOR
STUART FL 34994**

10. Name and Address of New Registered Agent: 81, 82, 83, 84, 85

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PT	[] DELETE
NAME	SENDEL, PHILIP HENRY JR	
STREET ADDRESS	1090 LETHA CIRCLE ATP. #4	
CITY-STATE-ZIP	STUART FL 34994	
TITLE	VS	[] DELETE
NAME	SENDEL, PHILIP HENRY SR	
STREET ADDRESS	6741 S.E. HARBOR CIRCLE	
CITY-STATE-ZIP	STUART FL 34994	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	SENDEL, PHILIP HENRY JR.	
3. STREET ADDRESS	6421 SE WINDSONG LANE	
4. CITY-STATE-ZIP	STUART FL 34997	
5. TITLE		[] Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		[] Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		[] Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied to the 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 supplementary 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 Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *P.H. Sendel Jr.* P.H. Sendel Jr. 3-D-96 (402) 287-1727
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)