FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED
AND
FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V13704 (4)

1. **BENTEC, INC.**

Principal Office	Mailing Address
18543 AVOCET DRIVE LUTZ FL 33549	18543 AVOCET DRIVE LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3108826	☐ Applied For ☐ Not Applicable
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 Office — 21 / 22 Suite, Apt. # etc. / 23 City & State / 24 Zip / 25 Country

2a Mailing Address — 26 / 27 Suite, Apt. # etc. / 28 City & State / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MASIN, BENNETT S.
18542 AVOCET DRIVE
LUTZ FL 33549

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. SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	MASIN, BENNETT S	NAME	
STREET ADDRESS	18593 AVOCET DR.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	MASIN, MELISSA R	NAME	
STREET ADDRESS	18593 AVOCET DR.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

SIGNATURE: M W Masin   5/4/95   (813)960-7860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0285072 CP

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1995

DOCUMENT # V14103 (8)

SENTINEL SECURITY, INC.

6300 S.W. 62ND PLACE
MIAMI FL 33143

6300 S.W. 62ND PLACE
MIAMI FL 33143

3. Date of Incorporation: 02/13/1992
3a. Date of Last Report: 03/25/1994

4. FEI Number: 65-0054225

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. The corporation is subject to chapter 607 of the Florida Statutes: X Yes

9. Name and Address of Current Registered Agent

SENFAR, JOE
6300 S.W. 62ND PLACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505 or 617.0505, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. The change was authorized by the corporation's board of directors. I hereby certify that the corporation has complied with the provisions of section 607.0505 or 617.0505, Florida Statutes.

12. OFFICER AND/OR DIRECTOR

PSD
SENFAR, JOE
6300 S.W. 62ND PLACE
MIAMI FL

13. ADDITIONAL CHANGES TO OFFICER AND/OR DIRECTOR(S)

14. I hereby certify that the information supplied with this filing, and any attachment, is true and accurate, that each individual identified in this report is or will be an officer or director of the corporation on the effective date of this report, and that I am familiar with the provisions of Florida Statutes regarding the execution of this report.

SIGNATURE: [signature] 5-3-95
SIGNATURE OF OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0183407 CP

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APPROVED

1995

DOCUMENT # V15966 (7)

1. MOVERS & SHAKERS, INC.

5358 SPRING HILL DRIVE SPRING HILL FL 34606	5358 SPRING HILL DRIVE SPRING HILL FL 34606

3. Date of Incorporation / Qualification: 02/24/1992
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3108646

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. The corporation has activity to be reported for tax under S. 199.052, Florida Statutes: Yes / No

9. Name and Address of Current Registered Agent

CHARNOCK, WILLIAM T., III
5358 SPRING HILL DRIVE
SPRING HILL FL 34606

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 Section 607.0501 and/or 1608, 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] 4/27/95

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D MCCLURE, JOHN M. 10350 FULTON AVENUE BROOKSVILLE FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an additional

SIGNATURE: [signature] President John McClure 5/5/95 904-597-1560

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL DIRECTOR OR OFFICER — DATE — TELEPHONE NUMBER

0340453 CP