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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **502829** **(5)**

1. Corporation Name

SECASY SERVICES, INC.

Principal Place of Business	Mailing Address
1000 FOSSIL CREEK DR. FT. COLLINS CO 80526 US	1500 SAN REMO AVENUE. #245 CORAL GABLES FL 33146-3054 US

3. Date Incorporated or Qualified: **05/10/1976**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **59-1668325** ☐ 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 Place of Business
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

HUGHEY, BONNIE J.
1500 SAN REMO AVE.
STE. 239
CORAL GABLES FL 33146

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 of new registered agent, if changing) (Typed or Printed Name of New Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1-1 TITLE	☐ Change ☒ Addition
NAME	THIEKEN, STEVEN G.		1-2 NAME	
STREET ADDRESS	1000 FOSSIL CREEK DRIVE		1-3 STREET ADDRESS	
CITY-ST-ZIP	FT. COLLINS CO		1-4 CITY-ST-ZIP	80526 (ZIP)
TITLE	SD	☐ DELETE	2-1 TITLE	☐ Change ☒ Addition
NAME	THIEKEN, SUSAN E.		2-2 NAME	
STREET ADDRESS	1000 FOSSIL CREEK DR.		2-3 STREET ADDRESS	
CITY-ST-ZIP	FT. COLLINS CO		2-4 CITY-ST-ZIP	80526 (ZIP)
TITLE		☐ DELETE	3-1 TITLE	☐ Change ☐ Addition
NAME			3-2 NAME	
STREET ADDRESS			3-3 STREET ADDRESS	
CITY-ST-ZIP			3-4 CITY-ST-ZIP	
TITLE		☐ DELETE	4-1 TITLE	☐ Change ☐ Addition
NAME			4-2 NAME	
STREET ADDRESS			4-3 STREET ADDRESS	
CITY-ST-ZIP			4-4 CITY-ST-ZIP	
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 with an arrow next to it, with my address.

SIGNATURE: Steven G. Thieken 2/27/96 (305) 666-0000

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

Steven G. Thieken, President/Director