

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

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS



DOCUMENT # **505467** (1)  
 SECUREX, INC.

APPROVED AND FILED  
 APR 29 1996  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 9502 N FLORIDA AVE TAMPA FL 33612 US  
 Mailing Address: 9502 N FLORIDA AVE TAMPA FL 33612 US

2. Principal Place of Business: 21. State: 22. City & State: 23. Date of Last Report: 38. Date of Last Report: 03/11/1994  
 4. FCI Number: 59-1674499  
 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 a franchise fee under § 100.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: OSTERWEIL, JOHN WM. 9502 N. FLORIDA AVE TAMPA FL 33612  
 10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. State: FL 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0802 and 607.1906 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 607.0605 Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12-1 NAME: SD OSTERWEIL, LESLIE F 120 MARTINIQUE TAMPA, FL 00000	13-1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-1 NAME:	13-1 STREET ADDRESS:
12-2 NAME: OSTERWEIL, JOHN WM 120 MARTINIQUE TAMPA, FL 00000	13-2 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-2 NAME:	13-2 STREET ADDRESS:
12-3 NAME:	13-3 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-3 NAME:	13-3 STREET ADDRESS:
12-4 NAME:	13-4 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-4 NAME:	13-4 STREET ADDRESS:
12-5 NAME:	13-5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-5 NAME:	13-5 STREET ADDRESS:
12-6 NAME:	13-6 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	13-6 NAME:	13-6 STREET ADDRESS:

14. I, the undersigned, certify that the information furnished herein is true and correctly furnished and that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation. The receiver or trustee empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 12 of this report.

SIGNATURE: *John W. Osterweil* John W. Osterweil 4/27/95 813-933-5521  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT