

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

| | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # P93000072747 (7)
 1. Corporation Name
GETZSECURE, INC.



| | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Principal Place of Business 5462 HOFFNER AVE. SUITE 806 ORLANDO FL 32812 | Mailing Address P.O. BOX 720369 ORLANDO FL 32872-0369 |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 21 2709 PASEO STREET Suite, Apt. #, etc. | 2a. Mailing Address Suite, Apt #, etc. | 3. Date Incorporated or Qualified 10/20/1993 | 3a. Date of Last Report 09/23/1996 |
| 22 City & State 23 ORLANDO, FL. | 27 City & State | 4. FEI Number 59-3207267 | Applied For Not Applicable |
| 24 Zip 32805 | 25 Country USA | 29 Zip | 30 Country |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------|--------------------------|----------|--------------|
| 9. Name and Address of Current Registered Agent GETZ, RONALD D 7726 PINE HOLLOW COURT ORLANDO FL 32822 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | GETZ, RONALD D. | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 2709 PASEO STREET | | |
| | | | | 83 | | | |
| | | | | 84 City | ORLANDO | 85 State | FL |
| | | | | | | Zip Code | 32805 |

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 *Ronald D. Getz* **RONALD D. GETZ PRES.** DATE **4/29/97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GETZ, RONALD D | 1.2 NAME | GETZ, RONALD D. |
| STREET ADDRESS | 7726 PINE HOLLOW COURT | 1.3 STREET ADDRESS | 2709 PASEO STREET |
| CITY-ST-ZIP | ORLANDO FL 32822 | 1.4 CITY-ST-ZIP | ORLANDO, FL 32805 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Ronald D. Getz* **RONALD D. GETZ** DATE **4/29/97** 407 273-2873

CR2E034 (9/96)