

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra H. Northington
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 AUG 10 PM 12:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000038753
 1. Corporation Name
SecurePipe Communications, Inc.

Principal Place of Business Mailing Address
1800 Second Street #808-6
Sarasota, FL 34236

3. Date Incorporated or Qualified **4-28-97** 3a. Date of Last Report **none**
 4. FEI Number **197534265** 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
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **1800 Second Street** 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **#725** 27
 City & State City & State
 23 **Sarasota, FL** 28
 Zip Country Zip Country
 24 **34236** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
Richard A. Carlson
1800 Second Street #808-6
Sarasota, FL 34236

10. Name and Address of New Registered Agent
 81 Name :
 82 Street Address (P.O. Box Number is Not Acceptable)
1800 Second Street, #725
 83
 84 City **Sarasota** 85 Zip Code **FL 34236**

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 (hand or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		1.2 NAME	D
STREET ADDRESS		1.3 STREET ADDRESS	Lawrence Levine
CITY-ST-ZIP		1.4 CITY-ST-ZIP	1800 Second Street, #725
			Sarasota, FL 34236
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		2.2 NAME	D,
STREET ADDRESS		2.3 STREET ADDRESS	Richard Carlson
CITY-ST-ZIP		2.4 CITY-ST-ZIP	1800 Second Street, #725
			Sarasota, FL 34236
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
NAME		3.2 NAME	D
STREET ADDRESS		3.3 STREET ADDRESS	JOSHUA HELING
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1800 2nd St. #725
			SARASOTA, FL 34236
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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"/> Addit
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	000002611510--5
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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 by oath. 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: *Lawrence Levine* **Aug 6, 1998** **941-3664647**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #