

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

\*PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S82449** (7)  
1. Corporation Name  
**SECTECH, INC.**



Principal Place of Business: **4696 N. FEDERAL HWY., #100-B 101F POMPANO BEACH FL 33064**  
Mailing Address: **4699 N. FEDERAL HWY., #100-B 101F POMPANO BEACH FL 33064**

3. Date Incorporated or Qualified: **09/24/1991**  
3a. Date of Last Report: **06/21/1995**  
4. FEI Number: **59-3095410**  
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 (21-24) and Mailing Address (2a-29) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **AURILIO, ALDO STE. 105C POMPANO BEACH FL 33064**  
10. Name and Address of New Registered Agent (81-84): **James E. Fruin, 4699 Federal Hwy, #105C 101F, Pompano Beach, FL 33060**

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: *James E. Fruin* **JAMES E. FRUIN** 2-24-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PVD FRUIN, JAMES</b>	2. NAME	
STREET ADDRESS	<b>5440 N. CUMBERLAND AVE., #138</b>	3. STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60656</b>	4. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	

100001730371  
-03/04/96-01033-005  
\*\*\*200.00

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. 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: *James E. Fruin* **Operations Manager** 1/26/96 (312) 714 9090

CR2E034 (12/95)