

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

FILED
Apr 21 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 # F96000001971 (8)

1. Corporation Name

SECURA INVESTMENTS, INC.



Principal Place of Business
2401 SOUTH MEMORIAL DRIVE
APPLETON WI 54915

Mailing Address
2401 SOUTH MEMORIAL DRIVE
APPLETON WI 54915-1428

3. Date Incorporated or Qualified 04/19/1996	3a. Date of Last Report
4. FEI Number 39-1099262	Applied For <input checked="" type="checkbox"/> Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	--

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CLOV	1.1 TITLE	V/S
NAME	BAUMAN, ROBERT D	1.2 NAME	
STREET ADDRESS	1104 GREEN GROVE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	APPLETON WI 54911	1.4 CITY - ST - ZIP	
TITLE	COBO	2.1 TITLE	
NAME	BUBOLZ, JOHN S	2.2 NAME	
STREET ADDRESS	2518 EAST CRESTVIEW DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	APPLETON WI 54915	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	V
NAME	CONLON, MICHAEL B	3.2 NAME	
STREET ADDRESS	1033 SOUTHFIELD DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MENASHA WI 54952	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	D/VC
NAME	DETZEL, DENIS H	4.2 NAME	John A. Bykowski
STREET ADDRESS	733 FRONT STREET	4.3 STREET ADDRESS	28 Pinewild Ct.
CITY - ST - ZIP	APPLETON WI 54914	4.4 CITY - ST - ZIP	Appleton, WI 54915
TITLE	P	5.1 TITLE	
NAME	MILLER, JAMES P	5.2 NAME	
STREET ADDRESS	3317 BLUEBERRY LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	APPLETON WI 54915	5.4 CITY - ST - ZIP	
TITLE	DV	6.1 TITLE	
NAME	PATSCHKE, EDWIN L	6.2 NAME	
STREET ADDRESS	2917 N McDONALD STREET	6.3 STREET ADDRESS	
CITY - ST - ZIP	APPLETON WI 54911	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: Robert D. Bauman DATE: 4/9/97 TELEPHONE: 414-830-4208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0507040

CR2E034 (9/96)