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

* PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90176 049 ***150.00

DOCUMENT 1. Corporation Name	#	440072
1. Corporation Name		

SECURE INVESTMENTS, INC.

Principal Plac	e of Business	Maili	ng Address				#() #(#)(#\#())
6015 MORROW	RD. E.	6015	MORROW RD. E.					
STE. 116		STE.	116					
JACKSONVILLE	FL 32217		SONVILLE FL 32217			DO NOT WRITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qualified 11/19/1973		
2, Principal F	Place of Business	2a. N	lailing Address		-	4. FEI Number	- Ar	plied For
21		26				59-1702381	X No	t Applicable
Suite, Apt	#, etc.		uite, Apt. #, etc.			_ -	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee Re	equired
City & Sta	te		ity & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	to Fees
Zip 24	Country 25	Z 29	ip 3	Countr	y	 This corporation owes the current year Int Personal Property Tax. 	angible Yes	K No
	9. Name and Address of			<u>*</u> 1		10. Name and Address of New Registered		<i></i>
				81	Name			
HUB	SCH, DANIEL F.			<u>_</u>				
6015	5 Morrow RD, E.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		J
SUIT	E 166			83	 			
JAC	KSONVILLE FL 32217			_			7-1-	
				84	City	FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registrone	ared agent and title if ap		HUB egistered Age 13.	ent signature requ	Irod when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	
TITLE	PD		DELETE	1.1 TITLE		7.00111011070111111020 10 011102110111	☐ Change	Addition
NAME	HUBSCH, BERTICA O	6301.	111	1.2 NAME				\ \
STREET ADDRESS	8618 VILLA-SAN JOSE D		COLGATE Rd.	1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	JACKSONVILLE FL	32217		1,4 CITY-5	ST-ZIP			ļ
TITLE	STD		☐ DELETE	2.1 TITLE			Change	Addition
NAME	HUBSCH, DANIEL F	ST		2.2 NAME				
STREET ADDRESS	8618 VILLA SAN JOSE D	RE6301 C	OLGATERAL.	2.3 STREE	TADDRESS			1
CITY-ST-ZIP		7166		2. 4 CITY-	ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADORESS	•		1
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			☐ DELETE	4,1 TITLE	-		☐ Change	Addition
NAME				4. 2 NAME		,		
STREET ADDRESS	II			4.3 STREE	TADDRESS			1
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP			CT & delikion
TITLE			☐ DELETE	5.1 TITLE	1		Change	☐ Addition
NAME				5.2 NAME	T ADODESS			
STREET ADDRESS					TADORESS			1
CITY-ST-ZIP			DELETE	5.4 CITY-S 6.1 TITLE)1-ZIF		Change	Addition
TITLE	/			6.2 NAME	Ì			[] (400110(i))
NAME	(I.	T ADDRESS			
STREET ADDRESS)			6.4 CITY-5	í			
CITY-ST-ZIP	L			0.4 0111-0	. 4			

I 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, with all other like empowered.

SIGNATURE:

Stime Collabor DURE

2-10-99

904-636-7836

CR2E034 (11/98)