

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **505467** (1)

1. Corporation Name

SECUREX, INC.



Principal Place of Business

**9502 N FLORIDA AVE
TAMPA FL 33612
US**

Mailing Address

**9502 N. FLORIDA AVE
TAMPA FL 33612
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**OSTERWEIL, JOHN WM.
9502 N. FLORIDA AVE
TAMPA FL 33612**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

06/15/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1674499

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**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes.

Yes

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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, thereby consent the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0502, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 TITLE: SD <input type="checkbox"/> DELETE</p> <p>12.2 NAME: OSTERWEIL, LESLIE F</p> <p>12.3 STREET ADDRESS: 120 MARTINIQUE</p> <p>12.4 CITY-ST-ZIP: TAMPA, FL 00000</p>	<p>13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.5 TITLE: PTD <input type="checkbox"/> DELETE</p> <p>12.6 NAME: OSTERWEIL, JOHN WM</p> <p>12.7 STREET ADDRESS: 120 MARTINIQUE</p> <p>12.8 CITY-ST-ZIP: TAMPA, FL 00000</p>	<p>13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.6 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.7 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.8 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.9 TITLE: <input type="checkbox"/> DELETE</p> <p>12.10 NAME: <input type="checkbox"/> DELETE</p> <p>12.11 STREET ADDRESS: <input type="checkbox"/> DELETE</p> <p>12.12 CITY-ST-ZIP: <input type="checkbox"/> DELETE</p>	<p>13.9 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.12 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.13 TITLE: <input type="checkbox"/> DELETE</p> <p>12.14 NAME: <input type="checkbox"/> DELETE</p> <p>12.15 STREET ADDRESS: <input type="checkbox"/> DELETE</p> <p>12.16 CITY-ST-ZIP: <input type="checkbox"/> DELETE</p>	<p>13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.14 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.15 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.16 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.17 TITLE: <input type="checkbox"/> DELETE</p> <p>12.18 NAME: <input type="checkbox"/> DELETE</p> <p>12.19 STREET ADDRESS: <input type="checkbox"/> DELETE</p> <p>12.20 CITY-ST-ZIP: <input type="checkbox"/> DELETE</p>	<p>13.17 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.18 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.19 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.20 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and correct and that I am an officer or director of the corporation 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 and that I am 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 in an addition with my address.

SIGNATURE:

John W. Osterweil

4/15/96 (813)933-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)