

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
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90034 045 ***150.00

DOCUMENT # 505467 ✓

1. Corporation Name

SECUREX, INC.

Principal Place of Business

Mailing Address

9502 N. Florida Ave.
Tampa, FL 33612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

6/15/76

4. FEI Number

59-1674499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 610 W. Waters Ave.

Suite, Apt. #, etc.

22 Suite D

City & State

23 Tampa, Florida

Zip Country

24 33604 25 US

2a. Mailing Address

26 c/o Stephen H. Reynolds

Suite, Apt. #, etc.

27 P.O. Box 1531

City & State

28 Tampa, Florida

Zip Country

29 33601 30 US

9. Name and Address of Current Registered Agent

John Wm. Osterweil
9502 N. Florida Ave.
Tampa, FL 33612

10. Name and Address of New Registered Agent

81 Name Stephen H. Reynolds, Esq.

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

83 Suite 2300

84 City Tampa

FL

85 Zip Code
33602

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)

5/25/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PTD
STREET ADDRESS Osterweil, John Wm
CITY-ST-ZIP 120 Martinique
Tampa, FL

TITLE ☐ DELETE
NAME SD
STREET ADDRESS Osterweil, Leslie F
CITY-ST-ZIP 120 Martinique
Tampa, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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:

John Wm. Osterweil

5/25/99

Date

813-273-4337

Daytime Phone #