

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

2. Principal Place of Business

2a. Mailing Address

21 610 W. Waters Ave.

26 c/o Stephen H. Reynolds

4. FEI Number

59-1674499

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite D

27 P.O. Box 1531

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

24 33604

25 US

Zip

Country

29 33601

30 US

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Wm. Osterweil

5/25/99

Date

813-273-4337

Daytime Phone #