FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L01444** **(3)**

1. Corporation Name

SECUNDUM ARTEM INC.

Principal Place of Business	Mailing Address
950 N FEDERA HWY STE 111 POMPANO BEACH FL 33062	950 N FEDERA HWY STE 111 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: **07/05/1989**
3a. Date of Last Report: **06/23/1995**

21	2. Principal Place of Business: 998 N FEDERAL Hwy	26	2a. Mailing Address: 950 N. FEDERAL Hwy
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.: STE 100
23	City & State: POMPANO BEACH	28	City & State: POMPANO BEACH FL
24	Zip: 33062	25	Country: BROWARD
29	Zip: 33062	30	Country: BROWARD

4. FEI Number: **65-0133347** ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHUR, J T
950 N FEDERAL HWY ~~#111~~
~~#224~~
POMPANO BEACH FL FL 33062 CORRECTION

10. Name and Address of New Registered Agent

81 Name	J. T SCHUR & ASSOCIATES #
82 Street Address (P.O. Box Number is Not Acceptable)	950 N FEDERAL HWY 100
83	POMPANO BEACH
84 City	FL 85 Zip Code 33062

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: J.T. SCHUR (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required for new registration) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	VS	☒ Change ☐ Addition
NAME	SCHUR, DANIEL C		1.2 NAME	SCHUR DANIEL C	
STREET ADDRESS	6730 NORTHWEST 23RD ST		1.3 STREET ADDRESS	6339 N W 66 WAY	
CITY-ST-ZIP	MARGATE FL		1.4 CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VS	☐ DELETE	2.1 TITLE	PT.	☒ Change ☐ Addition
NAME	SCHUR, JOYCE T		2.2 NAME	SCHUR JOYCE T.	
STREET ADDRESS	6730 NORTHWEST 23RD ST.		2.3 STREET ADDRESS	6339 N W 66 WAY	
CITY-ST-ZIP	MARGATE FL		2.4 CITY-ST-ZIP	PARKLAND, FL 33067	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joyce T. SCHUR PRES 4/24/96 (954) 943-8011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #