

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 PM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M60398** (8)

1. Corporation Name
SECURED FINANCE, INC.

Principal Place of Business	Mailing Address
SUITE B 5820 N FEDERAL HWY BOCA RATON FL 33487	SUITE B 5820 N FEDERAL HWY BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/07/1987	3a. Date of Last Report 01/20/1994
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2. Principal Place of Business	2a. Mailing Address
21 1100 5TH AVE SO.	2b 1100 5TH AVE SO.
22 Suite, Apt. #, etc. 201	27 Suite, Apt. #, etc. 201
23 City & State NAPLES, FL	28 City & State NAPLES, FL
24 Zip 33940	25 Country U.S.
	29 Zip 33940
	30 Country U.S.

4. FEI Number 65-0008084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CORPORATION COMPANY OF MIAMI
% SHUTTS & BOWEN
201 S BISCAYNE BLVD
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WANKLYN, JOHN A.
STREET ADDRESS	5820 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	DT
NAME	JOHNSON, W. JOHN
STREET ADDRESS	5820 N. FEDERAL HWY.
CITY - ST - ZIP	BOCA RATON FL
TITLE	SD
NAME	PERRONE, STEPHEN L.
STREET ADDRESS	201 S BISCAYNE BLVD
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	FERNANDEZ, JOSEFINA
STREET ADDRESS	5820 N FEDERAL HWY
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1100 5TH AVE SO. #201
1.4 CITY - ST - ZIP	NAPLES, FL 33940
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	delete
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AS RIVERA, JOSEFINA
4.3 STREET ADDRESS	1100 5TH AVE SO. #201
4.4 CITY - ST - ZIP	NAPLES, FL 33940
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked off on an attachment with my address.

SIGNATURE: John A. Wanklyn (Typed Name)
John A. WANKLYN (Printed Name)

813-649-5445 (Phone Number)