

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M60398 (8)**  
 1. Corporation Name  
**SECURED FINANCE, INC.**



Principal Place of Business 1100 5TH AVE. SO. 201 NAPLES FL 34102 US	Mailing Address 1100 5TH AVE. SO. 201 NAPLES FL 34102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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3. Date Incorporated or Qualified 10/07/1987	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OPAS	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANKLYN, JOHN A.	1.2 NAME
STREET ADDRESS	1100 5TH AVE. SO. #201	1.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP
TITLE	T	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANKLYN, JOHN A.	2.2 NAME
STREET ADDRESS	1100 5TH AVE. SO. #201	2.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP
TITLE	SD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRONE, STEPHEN L.	3.2 NAME
STREET ADDRESS	2800 S.W. 3RD AVE SUITE 301	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33129	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: *Sandra B. Mortham* 428-98 941-649-5445

CR2E034 (10/97)