PROFIT CORPORATION ANNUAL REPORT  1996	Sandra E	RIMENT OF STATE  B. Mortham  B. Mortham  OHE GETTAR  CHECKER  OHE GETTAR  OHE			
DOCUMENT # P93000015010 (0)  JEANNE P. YETZ, M.D., P.A.					
			I SECURE INC. SECTE WHILE COME	Annie dallar eldan deller dan	I I IS <b>a</b> la <b>Ba</b> la <b>Bal</b> a
Principal Place of Business	Maiing Address				
1060 E. INDIANTOWN RD. 124 N. RIVER DR. W. SUITE 203 JUPITER FL 33458					
JUPITER FL 33477 US	ÜS		3. Date Incorporated or Qualified		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied For
1851 W. Indiantow Suite, Apt. #, etc.	N KO 26 Some (	es above	65-0488387  5. Certificate of Status Desired	\$8.7	Not Applicable  5 Additional
2 Ste 202	27		Certificate of Status Desired     Election Campaign Financing		Required
City & State  Juniter, FL.	Orty & State		Trust Fund Contribution	Add	00 May Be ed to Fees
Zip Country	λ <b>Α</b> 29	Country 30	8. This corporation has liability for a Florida Statutes Yes	<u> </u>	199.032,
	Current Registered Agent	81 Name	10. Name and Address of New R	Registered Agent	
FILINGS, INC.			ress (P.O. Box Number is Not Acceptab	ole)	
3732 N.W. 16TH STREET		83	···		
FT. LAUDERDALE FL 33311				85 2	ip Code
		84 City		FL	
<ol> <li>Pursuant to the provisions of Sections 6 or registered agent, or both, in the State familiar with, and accept the obligations</li> </ol>	alof Florida. Such change was authorize	is, the above-named corpo ad by the corporation's boa	ration stitutings this statement for the pur and of directors. The eby accept the app	ointment as registere	id agent I am
Signature: Signature: typical or printed naise of region	Sensifiagent and the translessine (NY)	I - Bogistered Agent signature reviou		DATE	000 11 40
12. OFFIC	ERSIAND DIRECTORS	13.	ADDITIONS CHANGES TO OFF	CERS AND DIRECT	
NAME YETZ, JEANNE P		1.2 NAME			
STREET ADORESS 124 N. RIVER DR. W.		1.3 STREET ACORESS			
CITY ST ZIF JUPITER FL.	DELETE	2 1 TITLE		☐ Change	Addition
ALLIE CONTRACTOR OF THE PROPERTY OF THE PROPER		2.2 NAMe			
STREET ADDRESS  CITY - ST - ZIP		2.3 STREET ADDRESS 2.4 C TY - ST - Z-P			
TITLE	☐ D€LETË	3 1 TITUE	W. W	☐ Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STHEET ADDRESS 3.4 City - ST - ZIP			
CITY - ST - Z:P	[] DELETE	4 I TITLE		☐ Chang	Addition
NAME		4.2 NAME			
SIREET ADDRESS		4.3 STREET ADDRESS 4.4 CTY+ST-ZP			
City St-2if		5 1 TH.E		Chang	e 🔲 Addition
NAME	_	5.2 NAME			
SIREET ADDRESS		5.3 STREET ADORESS			
CITY-ST-ZIP		54CHY-ST ZIF 6 1 TITLE		☐ Charg	e Addition
TITLE NAME		6.3 NAME			
STHEET ADDRESS		6.3 STREET ADDRESS			

14. I do hereby certify that the information supplied with this filing is voluntarily formished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the composition or their receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed; for or an attachment with an address.

SIGNATURE:

SIGNATURE:

Legista France.

Legista France.

(487) 745-0658