

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90199 032 ***158.75

DOCUMENT # P93000086175

1. Corporation Name
SECURE SIGNAL, INC.



Principal Place of Business

7777 GLADES RD
SUITE 302
BOCA RATON FL 33434

Mailing Address

7777 GLADES RD
SUITE 302
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1993

4. FEI Number

52-1784700

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 owes the current year Intangible
Personal Property Tax.



Yes

No

2. Principal Place of Business

21 7777 GLADES RD

2a. Mailing Address

26 7777 GLADES RD.

Suite, Apt. #, etc.

22 Suite 208

Suite, Apt. #, etc.

27 Suite 208

City & State

23 BOCA RATON

City & State

28 BOCA RATON, FL

Zip

24 33434

Country

25 USA

Zip

29 33434

Country

30 USA

9. Name and Address of Current Registered Agent

CORWIN, MARCUS W
7777 GLADES RD
SUITE 302
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

CORWIN, MARCUS W.

82 Street Address (P.O. Box Number is Not Acceptable)

7777 GLADES RD.

83

Suite 208

84

BOCA RATON

FL

85

Zip Code

33434

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CORWIN, MARCUS W
STREET ADDRESS 7777 GLADES RD SUITE 302
CITY-ST-ZIP BOCA RATON FL 33434

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D
CORWIN, MARCUS W.
7777 GLADES RD. SUITE 208
BOCA RATON, FL 33434

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

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 registered agent or trustee empowered to execute this report as required by Chapter 207, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 482-6767

CR2E034 (11/98)