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

PROFIT CORPORATION ANNUAL REPORT



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

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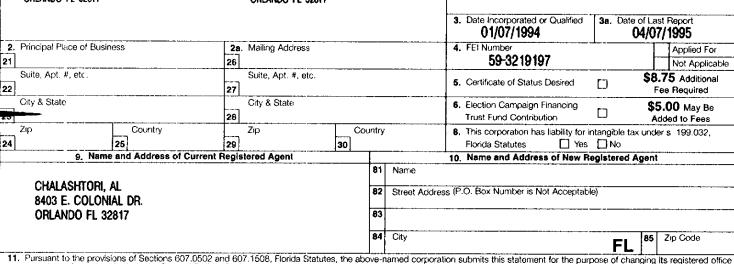
DOCUMENT #

P9400003489 (9)

S.E.C. PROPERTIES INC.

Principal Place of Business 8403 E. COLONIAL DR. ORLANDO FL 32817 Mailing Address

8403 E. COLONIAL DR. ORLANDO FL 32817



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.

s	gnature, typed or printed name of registered agent and title if applicable.	(NC	OTE: Registered Agent signature required wh	per reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	NS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	-	DELETE	1. 1 TITLE	☐ Change	Addition		
NAME	CHALASHTORI, AL		1.2 NAME				
STREET ADDRESS	5253 GOLDENWOOD DR.		1.3 STREET ADDRESS				
CHTY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP				
TITLE	0	DELETE	2. 1 TITLE	Change	Addition		
NAME	ELLIOTT, RICHARD JR	•	2.2 NAME				
STREET ADDRESS	1905 BONANZA CRT.		2.3 STREET ADDRESS				
DITY-ST-ZIP	WINTER PARK FL 32792		2.4 CITY - ST - ZIP				
T-TLF	-	DELETE	3. 1 TITLE	☐ Change	☐ Addition		
IAME	SHIRLEY, HARAN E		3.2 NAME				
TREET ADDRESS	740 PINAR DR.		3.3 STREET ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32825		3.4 CITY - ST - ZIP				
ITLE		DELETE	4. 1 TITLE	☐ Change	Addition		
AME			4.2 NAME				
TREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4 4 CITY - ST - ZIP	,			
II L F		DELETE	5 1 TITLE	Change	Addition		
IAME			5.2 NAME				
TREET ADDRESS			5 3 STREET ADDRESS				
DITY-ST-ZIP			5 4 CITY-ST-ZIP				
ITLE		DELETE	6 1 TITLE	Change	☐ Addition		
IAME			6.2 NAME				
TREET ADDRESS			6.3 STREET ADDRESS				
DITY-ST-ZIP			6.4 CHTY - 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 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 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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