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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000022735 (1)**

1. Corporation Name
SECURE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
5609 KINGFISH DRIVE. SUITE B LUTZ FL 33549	5609 KINGFISH DRIVE. SUITE B LUTZ FL 33549

3. Date Incorporated or Qualified: 03/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 8910 N. Dale Mabry
22 Suite, Apt. #, etc.: 23
23 City & State: Tampa, Florida
24 Zip: 33614
25 Country: USA.

2a. Mailing Address
26: PO Box 272729
27 Suite, Apt. #, etc.:
28 City & State: Tampa, Florida
29 Zip: 33688
30 Country: USA.

4. FEI Number: 59-3305944 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Raymond Chinoy
82 Street Address (P.O. Box Number is Not Acceptable): 8910 N. Dale Mabry Hwy
83: Suite 23
84 City: Tampa **FL** 85 Zip Code: 33614

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: Raymond Chinoy, President. DATE: 3/12/96.
(Signature, typed or printed name of registered agent and title if applicable) (If filing Restated Articles, Registered Agent signature required even if not changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHINOY, RAYOMOND H 5609 KINGFISH DRIVE. SUITE B LUTZ FL 33549	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~VINITA M. CHINOY~~ ~~5609 Kingfish Drive~~, Suite B ~~Lutz, FL 33549~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V VINITA M. CHINOY 5609 Kingfish Drive, Suite B Lutz, FL 33549	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: Raymond Chinoy 3/12/96 (813)968-1549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #