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

**PROFIT** CORPORATION ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000050271 (1)

SECURE COM INTERNATIONAL, INC.

rincipal Place of Business	Mailing Address
STE. 810. 3300 PGA BLVD.	STE. 810. 3300 PGA BLVD.
Palm Beach Gardens FL 33410	PALM BEACH GARDENS FL 33410

## **FILED** Apr 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								.,	- 1 40011000 110 18150 BISEL BOSIL BOILL BALL BOIDL BISH DONE HOUT (4001 1600) 1101 (855			
STE. 810. 33					E. 810. 3300 PGA BI							
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410									DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified			
										06/12/1996		
2. Principal P	lace of Busin	ness		20.	Mailing Address					4. FEI Number Applied For		
<u>}————————————————————————————————————</u>					26					<b>65-0672516</b> Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc					Suite, Apt. #, etc.					\$8.75 Additional		
27										5. Certificate of Status Desired Fee Required		
City & Stat	е			City & State						6. Election Campaign Financing \$5.00 May Be		
23			28					Trust Fund Contribution Added to Fees				
Zip		Country	/		Zip	Cc	ountry	1		8. This corporation owes or has paid the current year Intangible		
24		25   29   30   Name and Address of Current Registered Agent					Personal Property Tax due June 30. Yes X No					
			ss of Current	Registe	ered Agent		104	1		10. Name and Address of New Registered Agent		
	RRARESI, I						81	Name	9			
	00 PGA BL	.VD					82 Street Address (P.O. Box Number is Not Acceptable)			ess (P.O. Box Number is Not Acceptable)		
SUITE 810												
Į PA	LM BCH G	ions fl 3	3410				83					
							84	City		85 Zip Code		
					· <del>- · · · · · · · · · · · · · · · · · ·</del>					FL!		
office or r	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		.,	•									
SIGNATORE	Stonature, typed		of registered ager			) E Register	red Age	ent signatu	re required	d when reinstaling) DATE		
12.	· · · · · · · · · · · · · · · · · · ·	0	FFICERS AND	DIRECT		13				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<b>A</b> 14.41.6 4.	^F		DELETE	1.1	TITLE			Change Addition		
NAME		IS, WALLA					NAME					
STREET ADDRESS		10, 3300 P				- 1		ADDRESS				
CITY-ST-ZIP	PALM E	SEACH GA	RDENS FL 3	3410	T or ore		CITY-S	ST-ZIP	<del></del> -			
TITLE	_	DECL DANK	er i		DELETE		TITLE		Ì	Change Addition		
NAME		resi, dani				- 8	NAME					
STREET ADDRESS		10, 3300 P		0440				ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410						2. 4 CITY - ST - ZIP			Channe Addition		
TITLE	D	IO EDWAS	ו חמ		DELETE		TITLE		1	Change Addition		
NAME		IO, EDWAF					NAME					
STREET ADDRESS	STE. 810, 3300 PGA BLVD. PALM BEACH GARDENS FL 33410						3.3 STREET ADDRESS					
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NAME							NAME	, ADDAPA-				
STREET ADDRESS						- 1		ADDRESS				
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NAME	[						NAME		1	ריין טוומוולט בין אטטווטוו		
								*******				
STREET ADDRESS								ADDRESS				
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NAME	Į.						NAME			onunge Addition		
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP	L					6.4	CITY-S	SI - ZIP	.1			

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 in linemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an all chiment with an address I hereby certify that the information sur indicated on this annual report or sup-officer or director of the corporation of Block 12 or Block 13 if changed.

SIGNATURE:

D. J. Fernaresi

(561) 627-6171