


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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057742 (4)

1. Corporation Name
~~BRUCE MCILWAINE, INC.~~

SECURED CAPITAL RESOURCES INC.

Principal Place of Business
2530 EAST PAULSTAN COURT
SARASOTA FL 34237

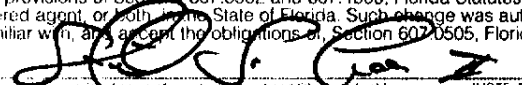
Mailing Address
2530 EAST PAULSTAN COURT
SARASOTA FL 34237-7265



2. Principal Place of Business 21 677 N. WASHINGTON BLVD. #74 Suite, Apt. #, etc. #74 City & State SARASOTA FL. Zip 34236 Country USA		2a. Mailing Address 26 677 N. WASHINGTON BLVD. Suite, Apt. #, etc. #74 City & State SARASOTA FL Zip 34236 Country USA		3. Date Incorporated or Qualified 07/08/1996		3a. Date of Last Report 4-20-97	
22		27		4. FEI Number 65-0676799		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCILWAINE, BRUCE 2530 EAST PAULSTAN COURT SARASOTA FL 34237				10. Name and Address of New Registered Agent			
				81 Name STEWART S. CANE II			
				82 Street Address (P.O. Box Number is Not Acceptable) 6228 CARNELL RD.			
				83			
				84 City Bradenton FL 85 Zip Code 34207			

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  DATE 4-20-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	MANAGING PARTNER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCILWAINE, BRUCE			1.2 NAME	BRUCE MCILWAINE		
STREET ADDRESS	2530 EAST PAULSTAN COURT			1.3 STREET ADDRESS	5854 SADDLE CT.		
CITY - ST - ZIP	SARASOTA FL 34237			1.4 CITY - ST - ZIP	SARASOTA FL 34243		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	MANAGING PARTNER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	STEWART S. CANE II		
STREET ADDRESS				2.3 STREET ADDRESS	6228 CARNELL RD.		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	BRADENTON, FL 34207		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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 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:  BRUCE MCILWAINE 4-20-97 941-351-2927

CR2E034 (9/96)