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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700052367 1. Corporation Name

SECURED CARD INC

## FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90040 003 \*\*\*150.00

SECONE	D CAND INC.											
Principal Place	e of Business	Mailing Address					1001			II IIII (	//(SI 100)	
%JOSHUA S. G	SALITZER	%JOSHUA S. GALITZER										
17101 N.E. 6TH AVE.		17101 N.E. 6TH AVE.							_			
NORTH MIAMI BEACH FL 33162		NORTH MIAMI BEACH FL 33162					DO NOT WRITE IN THIS SPACE					
			_			06/12/1		d 				
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Numb				App	lied For	
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate	of Status Desired				dditional	
22	- <u> </u>	27								e Rec	<del>-</del>	
City & State	e	City & State				<b>I</b>	ampaign Financing	<b>,</b> $\square$ .		.UU N Ided to	May Be	
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Zip		Zip	30	unuy			pration owes the cu Property Tax.	rrent year int	angible Ye:		□No	
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	3. Name and Address of Current	r registered Agent		81	Name	10: 110:110 211		· · · · · · · · · · · · · · · · · · ·				
. GALI	tzer, joshua s											
	SHUA S. GALITZER			82	Street A	Address (P.O. Box Nu	mber is Not Accep	table)				
1710	11 N.E. 6TH AVE.			83				·				
	TH MIAMI BEACH FL 33162					1000						
NOR				84	City		-	FL	85	Zip C	ode	
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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 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 address, with all other like empowered.

SIGNATURE: