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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103052 (1)

SECURE GLOBAL FUNDING INC.

FILED Mar 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address										- CANDINEAL LIE LEUR LOOK ODIN DANK ODIEL HIDIT DOIAD HINI ABEDE DUKTO HIDI 1901		
1100 5TH AVENUE SOUTH				1100 5TH AVENUE SOUTH								
SUITE 201				SUITE 201						DO NOT HIDITE IN THIS COACE		
NAPLES FL 34102				NAPLES FL 34102						DO NOT WRITE IN THIS SPACE	_	
										3. Date Incorporated or Qualified 12/05/1997		
2. Principal Place of Business				2a, Mailing Address						4. FEI Number Applied For	\dashv	
2. Principal Place of Business				26						59-3482794 Not Applicable	ē	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						S8.75 Additional	7	
22				27						6. Certificate of Status Desired Fee Required	ĺ	
City & State				City & State						6. Election Campaign Financing \$5.00 May Be	٦	
23				28						Trust Fund Contribution Added to Fees	╝	
Zip	Country			Zip Cou			untry			8. This corporation owes or has paid the current year Intangible		
24	25			29 30						Personal Property Tax due June 30. Yes No	_	
9, Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent	\dashv	
FERGUSON, PATRICK							81	Name			1	
1100 5TH AVENUE SOUTH				l			82	Street A	Addres	ddress (P.O. Box Number is Not Acceptable)		
SUITE 201											4	
NAPLES FL 34102							83					
							84	City		85 Zip Code	٦	
	- ···						Ш			FL 2p Cook		
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												
	Signature typed		of registered agent a				d Age	nt signature	required	d when reinstating) DATE	— [
12.		OF	FICERS AND D	HRECTC	DELETE DELETE	13.	T1 E	- 1		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	\exists	
TITLE	PRES.				C Deter			1		C Change C Mount	" [
NAME					E 201 1.2N			400000				
	4112							ADDRESS				
CITY-ST-ZIP FITLE	MAPLE	5, 26	37100		DELETE	2.1 7	ITY-S	1-217		Change Addition	, H	
					- VECETE	2.2 N						
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STREET ADDRESS								ST-ZIP				
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NAME							AME					
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NAME							NAME					
STREET ADDRESS						4.3 9	TREET	ADDRESS			- 1	
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NAME						6.2	EAME					
STREET ADDRESS						6.3 9	TAEET	ADDRESS				
CITY+ST-ZIP						640	ITY - S	T-ZIP				
14. I hereby c	ertify that th	ne information	n supplied with	this filin	g does not qualify f	or the ex	emp	tion state	d in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	n	

4. 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 informatic indicated on this annual report of supplies that 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 function of the corporation of the c

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3/20/9