

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 13, 1999 8:00 am**  
**Secretary of State**

09-13-1999 90003 034 \*\*\*550.00

DOCUMENT # **P98000040805**

Corporation Name

**SECURED CAPITOL, INC.**

Principal Place of Business

**759 S. FEDERAL HWY. STE. 218  
STUART FL 34952**

Mailing Address

**759 S. FEDERAL HWY. STE. 218  
STUART FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1998**

Principal Place of Business

**759 S. FEDERAL HWY**

Suite, Apt. #, etc.

**208**

City & State

**STUART FL**

Zip

**34994**

Country

**USA**

2a. Mailing Address

**759 S. FEDERAL HWY**

Suite, Apt. #, etc.

**208**

City & State

**STUART FL**

Zip

**34994**

Country

**USA**

4. FEI Number

**65-0839153**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KROMAN, GREGG  
759 S. FEDERAL HWY. STE. 218  
STUART FL 34952**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**759 S FEDERAL HIGHWAY**

83 **SUITE 208**

84 City **STUART**

FL

85 Zip Code

**34994**

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: *Gregg Kroman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
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3.4 CITY-ST-ZIP  
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4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition  
**2898 S.E. ITALY STREET  
PORT ST. LUCIE, FL 34952**  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition  
☐ Change ☐ Addition

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 an address.

SIGNATURE: *Gregg Kroman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/9/99**

**561-781-4585**

Date

Daytime Phone #

CR2E034 (5/99)