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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S76577

(3)

SECURED CAPITAL GROUP, INC.

	F	ILED	l
May	13	1997	8:00am
Sec	cret	ary of	State



2. Principal Place of Business  2. Mailing Address  2. Principal Place of Business  2. Mailing Address  3. FEI Number  65-0298129  Suite, Apt. #, etc.  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  7/p  Country  2/p  Country  9. Name and Address of Current Registered Agent  7. Name and Address of New Register  8. Name  8. Name  8. Name  8. Name  8. Name  9. Name and Address of New Register  REAGAN, DONALD F.  808 W CAPE CORAL PKWY  #208  CAPE CORAL FL 33914  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. The Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. The Address of New Register Agent is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. The Address of New Register Agent is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. The Address of New Register Agent is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)	3a. Date of Last  09/20/1996  ABOVE  \$8.75 Fee F  \$5.00 Addec  angible tax under fes \ No  itered Agent	Report  Applied For  Not Applicable  Additional  Required  May Be d to Fees
### CAPE CORAL FL 33904  ### CAPE CORAL FL 33904  ### CAPE CORAL FL 33904    CAPE CORAL FL 33904   CAPE CORAL FL 33904-5709	\$8.75 Fee F Addecting ible tax under fes No stered Agent	Applied For Not Applicable Additional Required May Be d to Fees
CAPE CORAL FL 33904  CAPE CORAL FL 33904-5709  3. Date Incorporated or Qualified 08/26/1991  2. Principal Piace of Business 2. Mailing Address 4. FEI Number 65-0298129  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 2. Country 2. Country 3. Country 4. Country 4. Country 4. Country 4. Country 4. Country 4. Country 5. Country 6. Election Campaign Financing 7 Trust Fund Contribution 8. This corporation has liability for intention of the purpose of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the address of New Regists 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 81. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adversariance corporation submits this statement for the purposition of registered agent and belief in agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 85 SIGNATURE 85 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Number is Not Acceptable) 85 Street Address (P.O. Box Number is Not Acceptable) 86 City 87 Street Address (P.O. Box Number is Not Acceptable) 87 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Street Address (P.O. Box Numb	\$8.75 Fee F Addecting ible tax under fes No stered Agent	Applied For Not Applicable Additional Required May Be d to Fees
2. Principal Place of Business 2. Mailing Address 2. Each Mailing Address 3. Date Incorporated or Qualified 08/26/1991 4. FEI Number 65-0298129 5. Certificate of Status Desired City & State Country 2. Desired Country 3. Desired	\$8.75 Fee F Addecting ible tax under fes No stered Agent	Applied For Not Applicable Additional Required May Be d to Fees
2. Principal Place of Business	\$8.75 Fee F \$5.00 Addec	Applied For Not Applicable Additional Required May Be d to Fees
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   Apt. #, etc.	\$8.75 Fee F \$5.00 Addect angible tax under fes No tered Agent	Additional Required May Be d to Fees
City & State  Zip Country R. This corporation has liability for intensification and Address of Current Registered Agent REAGAN, DONALD F. 808 W CAPE CORAL PKWY #208 CAPE CORAL FL 33914  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE SIGNATURE P REAGAN, DONALD F. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS CAPE CORAL FL 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-SI-ZIP 1.4 CITY-SI-ZIP 1.4 CITY-SI-ZIP	\$5.00 Addection angible tax under fes No	Required  May Be d to Fees
City & State  Country	\$5.00 Added angible tax under fes \( \square\) No stered Agent	May Be d to Fees
Trust Fund Contribution    Zip	Addectingible tax under fes No	d to Fees
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Position   Provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    Position   Positi	res No Itered Agent	6. 105.032
9. Name and Address of Current Registered Agent REAGAN, DONALD F. 808 W CAPE CORAL PKWY #206 CAPE CORAL FL 33914  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature required when reinstating)  12. OFFICERS AND DIRECTORS  TILE  P REAGAN, DONALD F. 808 W CAPE CORAL PKWY, #208  CAPE CORAL FL  1.3 STREET ADDRESS  CITY-S1-78P  CAPE CORAL FL  1.4 CITY-S1-78P	itered Agent	
REAGAN, DONALD F.  808 W CAPE CORAL PKWY  \$208 CAPE CORAL FL 33914  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  Signature  OFFICERS AND DIRECTORS  11. DELETE  1.1 TITLE  REAGAN, DONALD F.  808 W CAPE CORAL PKWY, \$208  CAPE CORAL FL  1.3 STREET ADDRESS  CITY-S1-7IP		
808 W CAPE CORAL PKWY #208 CAPE CORAL FL 33914  81  82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signo are typos or printed name of registered agent and bits II applicable. (NOTE Registered Agent signature required when reinstaling)  DELETE 1.1 TITLE  REAGAN, DONALD F.  808 W CAPE CORAL PKWY, #208  CAPE CORAL FL  1.2 NAME  1.3 STREET ADDRESS  CAPE CORAL FL  1.4 CITY-ST-ZIP	·	
#206 CAPE CORAL FL 33914  83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purport 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typics or printed name of registered agent and bitle II applicable. (NOTE Registered Agent signature required when reinstating)  D. DELETE  1.1 TITLE  REAGAN, DONALD F.  808 W CAPE CORAL PKWY, #206  CAPE CORAL FL  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP		
CAPE CORAL FL 33914  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportion of fice 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature types or printed name of registered agent and bits II applicable. (NOTE Registered Agent signature required when reinstating)  D. D. T. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  THEE REAGAN, DONALD F.  STREET ADDRESS  BOS W CAPE CORAL PKWY, #208  1.3 STREET ADDRESS  CAPE CORAL FL  1.4 CITY-ST-ZIP		
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THE P DELETE 1.1 TITLE  NAME REAGAN, DONALD F. 1.2 NAME  STREET ADDRESS CAPE CORAL PKWY, #208 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	DATE	
NAME REAGAN, DONALD F. 1.2 NAME STREET ADDRESS CITY-S1-7IP 1.2 NAME 1.3 STREET ADDRESS CAPE CORAL FL 1.4 CATY-ST-ZIP		
STREET ADDRESS CAPE CORAL PKWY, #208 1.3 STREET ADDRESS CAPE CORAL FL 1.4 CITY-ST-ZIP	L Change	e []] Addition
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NAME 6.2 NAME	Change	
STREET ADDRESS 6.3 STREET ADDRESS	CT Cuttinge	
CITY-S1-ZIP 6.4 CITY-S1-ZIP	L. Ormigo	

Trigonation 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 or Lam 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 channed, or on applicationment with an address.

TIRE REQUIRED SIGNATURE;