

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000002062 (6)**

1. Corporation Name  
**NORTH AMERICAN BELL SECURITY CORP.**



Principal Place of Business  
**1510 CENTRAL AVE.  
ALBANY NY 12205**

Mailing Address  
**1510 CENTRAL AVE.  
ALBANY NY 12205**

3. Date Incorporated or Qualified  
**04/24/1995**

3a. Date of Last Report

4. FEI Number  
**14-1780900**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**ROSENBERG, ROCHELLE  
301 CRAWFORD BLVD.  
SUITE 203  
BOCA RATON FL 33432**

81 Name **Rosenberg, Rochelle**  
82 Street Address (P.O. Box Numbers Not Acceptable)  
**2851 South Ocean Blvd**  
83 **Unit # 5M**  
84 City **Boca Raton** FL 85 Zip Code **33432**

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 607.0508, Florida Statutes.

SIGNATURE *Rochelle Rosenberg*

**4/26/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GOLDSON, HOWARD	
STREET ADDRESS	P.O. BOX 123 N/A	
CITY-ST-ZIP	NEW BALTIMORE NY 12124	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, ROCHELLE	
STREET ADDRESS	2851 S. OCEAN BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RECENE, MARK	
STREET ADDRESS	229 MONMOUTH WAY	
CITY-ST-ZIP	CLIFTON PARK NY 12065	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSO, PHILLIP	
STREET ADDRESS	35 MECHANIC ST.	
CITY-ST-ZIP	BALLSTON SPA NY 12020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Rochelle Rosenberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/96**  
DATE

**518 452-1500**  
DAYTIME PHONE #

CR2E034 (12/95)