## 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 # F9500002062 (6)

NORTH AMERICAN BELL SECURITY CORP.

Principal Place of Business

Mailing Address

## FILED May 13 1998 8:00am Secretary of State



1510 CENTRAL AVE. ALBANY NY 12205		1510 CENTRAL AVE. ALBANY NY 12205		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 04/24/1995	7017102	
	lace of Business	2a. Mailing Address			4. FEI Number	ļ <del>.      </del>	pplied For
21 Suha Ant # etc		Suite Ast H etc			14-1780900	·	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	~ <del> </del>		6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip 29	Count	гу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 [25] [29] [30]  9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENBERG, ROCHELLE 81 Name							
2851 SOUTH OCEAN BLVD UNIT 5M				2 Street Ad	Idress (P.O. Box Number is Not Acceptable)		
CUITE 200				Z Street Ad	idress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432			8	3			
			8	4 City	F	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statut	es the abo	ve-named co			its registered
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 607.6505, Florida Statutes.							
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NOT	E Registered A	gent signature req	quired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	,	
TITLE	PTD HOWARD	DELETE	1.1 TITLE			L Change	Addition
NAME	GOLDSON, HOWARD P.O. BOX 123 N/A		1.2 NAM				
STREET ADDRESS	AIEM DALTIMODE NV 40404			ET ADDRESS			
CITY-ST-ZIP	VSD DELETE		1.4 CITY 2.1 TITLE			Change	Addition
NAME	ROSENBERG, ROCHELLE		2.2 NAM	1		C overigo	
STREET ADDRESS	MARI O COCAN DIVID			ET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33432		2. 4 CiTY				
TITLE	D DELETE		3.1 TITLE			Change	☐ Addition
NAME	RECENE, MARK	••	3.2 NAM	E			
STREET ADDRESS	229 MONMOUTH WAY		3 3 STRE	et address			1
CITY-ST-ZIP	CLIFTON PARK NY 12085		3.4. CITY	-ST-ZIP			
TITLE			4.1 TITLE			Change	Addition
NAME	RUSSO, PHILLIP			IE			
STREET ADDRESS	PALLETON CDA NV 10000		4.3 STRE	E1 ADDRESS			
CITY-ST-ZIP	BALLSTON SPA NY 12020		4.4 CITY				T 4
TITLE		☐ <b>DE</b> LETE	5.1 TITLE	1		Change	Addition
NAME			5.2 NAMI				
STREET ADDRESS	I			ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			Change	Addition
NAME			6.1 HILE			FT Allering	L.J AUGIDIAI
STREET ADDRESS			B	ET ADDRESS			
CITY-ST-ZIP	Lu		6.4 CITY	- \$1 - ZIP			

4. I hereby certify that the information supplied with this thing 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 legat effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (1) changed, or on an attackment with an address.

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