

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000078038 (2)**  
 1. Corporation Name  
**NETWORK SECURITY OF FLORIDA, INC.**



Principal Place of Business: ~~10424 N.W. 8TH COURT - PEMBROKE PINES FL 33029~~  
 Mailing Address: ~~10424 N.W. 8TH COURT - PEMBROKE PINES FL 33029-9606~~

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6250 N. Andrews Ave	26	6250 N. Andrews Ave	09/19/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FFI Number	Applied For
22 Suite 210		27 Suite 210		65-0694276	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Ft. Lauderdale FL		28 Ft. Lauderdale FL		<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	33309	25	U.S.A.	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
29	33309	30	U.S.A.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JOHNSON, JOEL**  
~~10424 N.W. 8TH COURT - PEMBROKE PINES FL 33029~~

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 6250 N. ANDREWS AVENUE  
 84 SUITE 210  
 85 FT. LAUDERDALE FL 33309

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 *Joel Johnson* **Joel Johnson** President

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOEL	
STREET ADDRESS	10424 N.W. 8TH COURT	6250 N. ANDREWS AVE
CITY-ST-ZIP	PEMBROKE PINES FL 33029	FT. LAUDERDALE FL 33309
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. VICE-PRESIDENT CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DR. JEROME BLUMEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3015 S. OCEAN BLVD N 48	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FL 33487	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN L. PACHECO	
2.3 STREET ADDRESS	7142 NW 67TH WAY	
2.4 CITY-ST-ZIP	PARKLAND FLA 33067	
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MANUEL GARCIA	
3.3 STREET ADDRESS	8518 NW 7 ST	
3.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
4.1 TITLE	RICHARD BAKER VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	6498 VIA REGINA	
4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
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 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 *Joel Johnson* **Joel Johnson** President

CR2E034 (9/96)