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FILED  
Apr 09 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 # **K71778** (0)  
1. Corporation Name  
**BESAM AUTOMATED ENTRANCE SYSTEMS (FLORIDA), INC.**



Principal Place of Business  
**4500 OAK CIRCLE  
BUILDING B SUITE 3  
BOCA RATON FL 33431  
US**

Mailing Address  
**81 TWIN RIVERS DR.  
P.O. BOX 6003  
HIGHTSTOWN NJ 08520-5212  
US**

3. Date Incorporated or Qualified  
**03/06/1989**

3a. Date of Last Report  
**02/15/1996**

4. FEI Number  
**65-0129120**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

25 Country

29

30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | P LORIA, JOSEPH V.<br>171 TWIN RIVERS DR.<br>EAST WINDSOR NJ   | 11 TITLE  |  |
| NAME                       |  | 12 NAME   |  |
| STREET ADDRESS             |  | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 14 CITY-ST-ZIP  |  |
| TITLE                      | V BRUNO, ANTHONY J.<br>171 TWIN RIVERS DR.<br>EAST WINDSOR NJ  | 21 TITLE  |  |
| NAME                       |  | 22 NAME   |  |
| STREET ADDRESS             |  | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 24 CITY-ST-ZIP  |  |
| TITLE                      | D FARNSTROM, BENGT<br>ROUTE 2, BOX 124<br>WARRENTON VA         | 31 TITLE  |  |
| NAME                       |  | 32 NAME   |  |
| STREET ADDRESS             |  | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 34 CITY-ST-ZIP  |  |
| TITLE                      | D SAMUELSSON, BERTIL<br>BOX 131 S-261 22<br>LANDSKRONA, SWEDEN | 41 TITLE  |  |
| NAME                       |  | 42 NAME   |  |
| STREET ADDRESS             |  | 43 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 44 CITY-ST-ZIP  |  |
| TITLE                      |  | 51 TITLE  |  |
| NAME                       |  | 52 NAME   |  |
| STREET ADDRESS             |  | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 54 CITY-ST-ZIP  |  |
| TITLE                      |  | 61 TITLE  |  |
| NAME                       |  | 62 NAME   |  |
| STREET ADDRESS             |  | 63 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                |  | 64 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: *Anthony J. Bruno* **Anthony J. Bruno** 3/31/97 609-443-5800

CR2E034 (9/96)