

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L81422

1. Corporation Name

BARACUDA INTERNATIONAL CORPORATION

FILED

99 AUG 31 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

% PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

% PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1990

4. FEI Number

65-0207520

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 owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3420 NW 53rd St.

26 3420 NW 53rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Ft. Lauderdale, FL

27 City & State
28 Ft. Lauderdale, FL

24 Zip 33309

Country

29 Zip 33309

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

81 Name

Corporation Service Company

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

83 1201 Hays Street

84 City

Tallahassee, FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ELKINS, HOWARD F
STREET ADDRESS 2867 WYNGATE NE
CITY-STATE-ZIP ATLANTA GA

DELETE

TITLE PD
NAME AMTMANN, JAMES
STREET ADDRESS 3420 NW 53RD ST
CITY-STATE-ZIP FT LAUDERDALE FL 33309

☒ DELETE

TITLE TS
NAME MISNER, LAURIE J
STREET ADDRESS 3420 NW 53RD ST
CITY-STATE-ZIP FT LAUDERDALE FL 33309

☒ DELETE

TITLE D
NAME Jean-marc Dailence
STREET ADDRESS 48 Boulevard Gallieni
CITY-STATE-ZIP 92137 Issy les Moulineaux Cedex France

☐ DELETE

TITLE UP
NAME WILLIAM STONE
STREET ADDRESS 3506 Broken Woods Drive
CITY-STATE-ZIP Coral Springs, FL 33065

☐ DELETE

ADDITION

1.1 TITLE D
1.2 NAME Jean-marc Dailence
1.3 STREET ADDRESS 48 Boulevard Gallieni
1.4 CITY-STATE-ZIP 92137 Issy les Moulineaux Cedex, FRANCE

Change ☐ Addition ☒

2.1 TITLE PD
2.2 NAME Jack Lacey
2.3 STREET ADDRESS 7685 Highlands Circle
2.4 CITY-STATE-ZIP Margate, Florida 33063

Change ☐ Addition ☒

3.1 TITLE TS
3.2 NAME Jeff Leopardi
3.3 STREET ADDRESS 6315 N.W. 43rd Terrace
3.4 CITY-STATE-ZIP Coconut Creek, Florida 33073

Change ☐ Addition ☒

4.1 TITLE VICE PRESIDENT
4.2 NAME RAY DENKOWITZ
4.3 STREET ADDRESS 222 Larchwood Drive
4.4 CITY-STATE-ZIP Warwick, RI 02886

Change ☐ Addition ☒

5.1 TITLE VP
5.2 NAME Scott Davenish
5.3 STREET ADDRESS 1801 Monte Carlo Way
5.4 CITY-STATE-ZIP Coral Springs, FL 33071

Change ☐ Addition ☒

6.1 TITLE UP
6.2 NAME JAMES PALMER
6.3 STREET ADDRESS 52 LLOYD AVE
6.4 CITY-STATE-ZIP PROVIDENCE RI 02906

Change ☐ Addition ☒

14. I 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 a 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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK LACEY August 19, 1999 9543359700

Date

Daytime Phone #

CR2E034 (5/99)