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 # **P21290** **(2)**

1. Corporation Name
COMPUTER DEFENSE SYSTEMS, INC.

Principal Place of Business
634 WESTWOOD AVE
LONG BRANCH NJ 07740
US

Mailing Address
263 FIELD END RD
SARASOTA FL 34240
US

3. Date Incorporated or Qualified: 10/13/1988
3a. Date of Last Report: 06/13/1995
4. FEI Number: 22-2340728 — Applied For / Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

9. Name and Address of Current Registered Agent
BECK, STEPHEN
741 TROPICAL CIRCLE
SARASOTA FL 34242

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 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 of Registered Agent — Date Registered Agent's Acceptance of the Appointment — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BECK, STEPHEN	
STREET ADDRESS	741 TROPICAL CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	STD	☐ DELETE
NAME	CAPUTO SR., SALVATORE	
STREET ADDRESS	715 TROPICAL CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	CAPUTO JR., SALVATORE	
STREET ADDRESS	715 TROPICAL CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	CAPUTO, ALEXANDER	
STREET ADDRESS	715 TROPICAL CIR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	☐ DELETE
NAME	FONG, WILLIAM	
STREET ADDRESS	725 TROPICAL CIRCLE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 volunteerly 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: Salvatore Caputo Sr. SALVATORE CAPUTO SR. 1/20/96 941-378-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR2E034 (12/95)