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

CITY-ST-ZIP

Block 12 or Block 13 if changed, or proan attachment with an address.

PROFIT Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (2)COMPUTER DEFENSE SYSTEMS, INC. Principal Place of Business Mailing Address 634 WESTWOOD AVE 263 FIELD END RD LONG BRANCH NJ 07740 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 263 FICLO END ST 22-2340728 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Regulred 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing SARASOTA 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 240 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BECK, STEPHEN 741 TROPICAL CIRCLE Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34242** 83 Zip Code 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE BECK, STEPHEN NAME 1.2 NAME 741 TROPICAL CIR STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change TITLE STD 21 TITLE CAPUTO SR., SALVATORE NAME 2.2 NAME 715 TROPICAL CIR STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE CAPUTO JR., SALVATORE NAME 3.2 NAME 715 TROPICAL CIR STREET ADDRESS 3.3 STREET ADDRESS Sarasota fl CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE CAPUTO, ALEXANDER 4. 2 NAME NAME STREET ADDRESS 715 TROPICAL CIR 4.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE FONG, WILLIAM NAME 5.2 NAME 725 TROPICAL CIRCLE STREET ADDRESS 5.3 STREET ADDRESS **SARASOTA FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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