

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

FILED

Apr 17 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 # P94000013598 (5)

1. Corporation Name

EXCALIBUR NETWORKS, INC.

Principal Place of Business

Mailing Address

415 CANAL ST
NEW SMYRNA BEACH FL 32168
US

P O BOX 742
NEW SMYRNA BEACH FL 32170-0742
US

3. Date Incorporated or Qualified
02/18/1994

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 3722 LONGFORD CIRCLE

26 3722 LONGFORD CIRCLE

4. FEI Number

59-3228375

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ORMOND BEACH, FL

27 3722 LONGFORD CIRCLE

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

23 32174

28 ORMOND BEACH, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

24 Zip

Country

25 VOLUSIA

Zip

Country

29 32174

30 VOLUSIA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, PATRICIA J
357 CASTLEWOOD LANE
NEW SMYRNA BEACH FL 32168

81 Name

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

3722 LONGFORD CIRCLE

83

ORMOND BEACH

84

City

FL

85

Zip Code
32174

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 of principal officer, registered agent, and filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE

NAME KELLY, PATRICIA J

STREET ADDRESS 415 CANAL ST

CITY- ST- ZIP NEW SMYRNA BEACH FL

TITLE V ☐ DELETE

NAME POUNDS, KATHLEEN

STREET ADDRESS 415 CANAL ST

CITY- ST- ZIP NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☒ Change

☐ Addition

3722 LONGFORD CIRCLE

ORMOND BEACH, FL

32174

☒ Change

☐ Addition

3722 LONGFORD CIRCLE

ORMOND BEACH, FL

32174

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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:

KATHLEEN POUNDS, V.P.

4/10/97

904-677-8259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #