

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

FILED  
May 19 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 # P96000078038 (2)

1. Corporation Name

NETWORK SECURITY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~10424 N.W. 8TH COURT~~  
~~PEMBROKE PINES FL 33020~~

~~10424 N.W. 8TH COURT~~  
~~PEMBROKE PINES FL 33020~~



2. Principal Place of Business  
21 6250 N. Andrews Ave  
Suite, Apt. #, etc.  
22 Suite 210  
City & State  
23 Ft. Lauderdale FL  
Zip  
24 33309 Country  
25 U.S.A.

2a. Mailing Address  
26 6250 N. Andrews Ave  
Suite, Apt. #, etc.  
27 Suite 210  
City & State  
28 Ft. Lauderdale FL  
Zip  
29 33309 Country  
30 U.S.A.

3. Date Incorporated or Qualified  
09/19/1996

3a. Date of Last Report

4. FF# Number  
65-0694276

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, JOEL  
~~10424 N.W. 8TH COURT~~  
~~PEMBROKE PINES FL 33020~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 6250 N. ANDREWS AVENUE  
84 SUITE 210  
85 FT. LAUDERDALE FL 33309

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 *Joel Johnson* Joel Johnson President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	JOHNSON, JOEL	6250 N. ANDREWS AVE	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. VICE-PRESIDENT CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DR. JEROME BLUMEN	3015 S. OCEAN BLVD N 48	HIGHLAND BEACH, FL 33487		<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	JOHN L. PACHECO	7142 NW 67TH WAY	PARKLAND FLA 33067	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	MANUEL GARCIA	8518 NW 7 ST	CORAL SPRINGS FL 33071	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RICHARD BAKER VICE-PRESIDENT	6498 VIA REGINA	BOCA RATON, FL 33433		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Joel Johnson* Joel Johnson President

CR2E034 (9/96)