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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # **P96000092375 (0)**

**NESS SECURITY USA, INC.** 

Principal Place of Business Mailing Address 5001 L.B. MCLEOD ROAD 5001 L.B. MCLEOD ROAD ORLANDO FL 32811-6613 ORLANDO FL 32811 3. Date Incorporated or Qualified 3a. Date of Last Report 11/12/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Piace of Business Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
Yes ☐ No Country 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NIX, WILLARD C JR. 5001 L.B. MCLEOD ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32811 83 84 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Storial will type dior parts of name of registered agent and stie. Cappocable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. President , Divector Tuccs, Sec . Change DELETE 1.1 TITLE 100.6Willard C. Nix It. NAME 1.2 NAME 5001 L.B. McLeod 1.3 STREET ADDRESS STREET ACIDRES! Orlando FL 1.4 CITY - ST - ZIP CHY-ST-ZE Change Addition DELETE 2.1 TITLE Hist NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS. 2. 4 CITY-ST-ZIP CdY-SI-ZIP DELETE Change Addition 3.1 TITLE TIFLE NAM-3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP 0:17:-S1:-ZIP Change Addition DELETE 4.1 TITLE HILE 4 2 NAME NAME 4.3 STREET ADDRESS STREE ADDRESS 4.4 CITY-ST-ZIP City - ST - 709 DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME MARK 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-51 DELETE Addition 6.1 TITLE THEF 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADJRESS 6.4 CITY - ST - ZIP

14. Ido 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 other or director of the corporation or the reference report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 13 if changed, o

attachment with an address

NO OFFICER OF DIRECTOR

Day

Date

Description

Description

Description

Description

FILED

Mar 31 1997 8:00am

Secretary of State

(96/6) (96/6)

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