

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 PM 4: 18

DOCUMENT # 463237 (8)

1. Corporation Name
DEFENDER GUARD SERVICE, INC.

Principal Place of Business Mailing Address
23257 STATE ROAD 7 SUITE 104 BOCA RATON FL 33428 US
23257 STATE ROAD 7 SUITE 104 BOCA RATON FL 33428 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
10/15/1974 08/09/1994
4. FEI Number Applied For
59-1555906 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
7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GLASSER, ROBERT A
23257 STATE ROAD 7, STE. 104
BOCA RATON FL 33428

10. Name and Address of New Registered Agent
81 Name Dominick Esposito
82 Street Address (P.O. Box Number is Not Acceptable)
83 23257 State Road 7 Ste 104
84 City Boca Raton FL 85 Zip Code 33428

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]* Dominick Esposito DATE 3/2/95
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	GLASSER, ROBERT A.
STREET ADDRESS	23247 STATE ROAD 7
CITY-ST-ZIP	BOCA RATON FL
TITLE	P
NAME	ESPOSITO, DOMINIELD P.
STREET ADDRESS	23257 STATE ROAD 7
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP
NAME	GLASSER, CLYNTHIA
STREET ADDRESS	2325 STATE ROAD 7
CITY-ST-ZIP	BOCA RATON FL
TITLE	ST
NAME	GLASSER, RUTH M.
STREET ADDRESS	23257 STATE ROAD 7
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Delete Robert A. Glasser
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 or on an attachment with an address.

SIGNATURE: *[Signature]* Dominick Esposito DATE 3/2/95 407-482-4507
(NOTE: Registered Agent signature required when registering)