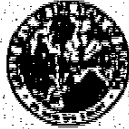


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:10

DOCUMENT # 759351 (0)

1. Corporation Name

GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8350 NW 52ND TERR #101 MIAMI FL 33166-7706	8350 NW 52ND TERR #101 MIAMI FL 33166-7706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
07/28/1981	04/22/1994
4. FEI Number	Applied For
59-2124958	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TANNEN, HAROLD
84445 SW 80TH PLACE
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARR, NEAL E.
STREET ADDRESS	1550 MAGRUDA AVE #120
CITY-ST-ZIP	CORAL GABLES FL
TITLE	PD
NAME	GREEN, THOMAS L.
STREET ADDRESS	5470 S.W. 70TH PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	LABADIE, GEORGE C.
STREET ADDRESS	8825 S.W. 161ST STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	STEINBERG, PAUL B.
STREET ADDRESS	767 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	BERMONT, RONNI W
STREET ADDRESS	7301 SW 48TH COURT
CITY-ST-ZIP	MIAMI FL 33143
TITLE	TD
NAME	CASH, DAVID W
STREET ADDRESS	165 OCEAN LANE DRIVE UNIT #207
CITY-ST-ZIP	KEY BISCAYNE FL 33149

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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Stenberg, Paul B.
2.3 STREET ADDRESS	767 Arthur Godfrey Rd
2.4 CITY-ST-ZIP	MIAMI FL 33140
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S.D. Morgushes, Stanley
3.3 STREET ADDRESS	3305 SW 17th Ave
3.4 CITY-ST-ZIP	COCONUT GROVE FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Mearns, Jay
4.3 STREET ADDRESS	200 So Biscayne Blvd # 3500
4.4 CITY-ST-ZIP	MIAMI FL 33131
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VID Berman, Ronnie W
5.3 STREET ADDRESS	7301 SW 48th Ct
5.4 CITY-ST-ZIP	MIAMI FL 33143
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VID Cash, David W
6.3 STREET ADDRESS	9400 So Dadeland Blvd #110
6.4 CITY-ST-ZIP	MIAMI FL 33156

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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David W. Cash*, Exec. Dir. 3/28/95 (305) 598-7642
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #