SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF PORPORATIONS

DOCUMENT # P93000011261

ACUGUARD CORPORATION

Principal Place of Business 132 GREENBRIAR DR.

Mailing Address

132 GREENBRIAR DR.

FILED Jul 22, 1999 8:00 am **Secretary of State**

07-22-1999 90018 046 ***550.00

294090 - 90018 - 46



US			US					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified				
								02/12/1993				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Applied For		
21			26					65-0295817		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional			
22	2			. 27								
23	City & State			City & State `				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees		
	Zip	Country 25	29	Zip	Cour	ntry		This corporation owes the current year Intangible Personal Property.	Yes	. No		
24	24 25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
TEUSCHER, ADRIAN 132 GREENBRIAR DR.					81	Name						
					82 Street Address (P.O. Box Number is Not Acceptable)							
LAKE PARK FL 33403						83						
						84	City	F	L 85	Zip Code		
Ь								i la companya da la companya da companya d	حنده محاد	a ita rapiatarad		

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, typed or printed name of registered agent and title if applicable. (N	OTE: Registered Agent signature requin	ed when reinstating) DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.			
TITLE	D DELETÉ	1.1 TITLE	Change Addition
NAME	TEUSCHER, ADRIAN	1.2 NAME	
STREET ADDRESS	132 Greenbriar Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL 33403	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	Change Additi
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addit
NAME	_	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Additi
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZiP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	Change Additi
NAME	_	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	500 CO	5.4 CITY-ST-ZIP	
TITLE .	DELETE	6.1 TITLE	Change Addition
NAME	· · · · · · · · · · · · · · · · · · ·	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-7IP		6.4 CITY-ST-ZIP	

14. I 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:

Williams (ADRIAN H. Tenscher) 7/18/99 (561) 845 600 3

CR2E034 (5/99)