

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000097786 (3)
1. Corporation Name
PAINTGUARD, INC.

Principal Place of Business: 151 NW 10TH AVENUE DELRAY BEACH FL 33444
Mailing Address: P O BOX 189013 PLANTATION FL 33318 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 4450 W. Sunrise Blvd.	26	12/03/1996	65-0715623	Not Applicable
22 C-100	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Plantation, FL	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 33313	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAUGHAN, CRAIG A 4450 W SUNRISE BLVD SUITE #100 PLANTATION FL 33313	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MICHAEL	1.2 NAME	
STREET ADDRESS	151 NW 18TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNELLY, JAMES	2.2 NAME	
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33318	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBACH, GIL	3.2 NAME	
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33318	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHAN, CRAIG	4.2 NAME	
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33318	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Craig Vaughan* JUNE 1/98 091-392-6000

CR2E034 (10/97)