

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90150 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 387339

1. Corporation Name
SAFEGUARD SERVICES, INC.



Principal Place of Business: 13985 PEMBROKE ROAD, PEMBROKE PINES FL 33027-2001, US
 Mailing Address: P.O. BOX 821468, SOUTH FLORIDA FL 33082-1468, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 08/23/1971
 4. FEI Number: 59-1399022
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes/No

9. Name and Address of Current Registered Agent
GARCIA, MANNY
 1720 HARRISON ST
 HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
 81 Name: **KEVIN T. CONNOR**
 82 Street Address: **13985 Pembroke ROAD**
 83
 84 City: **Pembroke Pines** FL 85 Zip Code: **33027**

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]* DATE: 1-12-95
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CONNOR, KEVIN	
STREET ADDRESS	P O BOX 821468	
CITY-ST-ZIP	SOUTH FLORIDA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CONNOR, KEVIN	
STREET ADDRESS	P O BOX 821468	
CITY-ST-ZIP	SOUTH FLORIDA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONOR, KEVIN	
STREET ADDRESS	P O BOX 821468	
CITY-ST-ZIP	SOUTH FLORIDA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-12-99 (954) 430-3040
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)