

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
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 CORPORATIONS

DOCUMENT # 457405

GUARD MANAGEMENT, INC.

Place of Business  
SWEETWATER LANE  
BOCA RATON FL 33431

Mailing Address  
940 SWEETWATER LANE  
BOCA RATON FL 33431

FILED  
Sep 07, 1999 8:00 am  
Secretary of State

09-07-1999 90004 049 \*\*\*550.00



012/01 - 30007 - 73



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1974	
4. FEI Number 59-1546807	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROSENBERG, REISMAN & STEI ONE SE THIRD AVE STE 3050 MIAMI FL 33131	
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	

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS		
PD VINEBERG, STEPHEN A. 1980 SHERBROOKE ST W STE 400 MONTREAL QU H3H 1	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
AS ROSENBERG, DONALD S ONE SE THIRD AVE STE 3050 MIAMI, FL 00000 33131	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
S STEVENSON, GRANT A. 1980 SHERBROOKE ST W STE 400 MONTREAL QU H3H 1	<input type="checkbox"/> DELETE	1.2 NAME
VPTD STEIN, JAMES W. 1980 SHERBROOKE ST W STE 400 MONTREAL QU H3H 1	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

I 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 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 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: MICHAEL STEVENSON Aug 6, 1999

514-939-  
3900 RT 239

CR2E034 (5/99)