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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # 574675 (5)
 1. Corporation Name
GUARDIAN REALTY SERVICE CORP.



Principal Place of Business Mailing Address
10651 N. KENDALL DR., S. 221 MIAMI FL 33176
10651 N. KENDALL DR., S. 221 MIAMI FL 33176-1552

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1978	3a. Date of Last Report 02/02/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1836010		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BROWN, B. MACKAY 7100 N. KENDALL DRIVE MIAMI FL 33156		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		FL	

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 _____ (Not a Registered Agent signature required when reissuing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	PST KARIN E. BARRETT
12.3 STREET ADDRESS		13.3 STREET ADDRESS	5463 NW 186 TH ST.
12.4 CITY - ST - ZIP		13.4 CITY - ST - ZIP	MIAMI, FL. 33055
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	KARIN E. BARRETT
12.7 STREET ADDRESS		13.7 STREET ADDRESS	5463 NW 186 TH ST
12.8 CITY - ST - ZIP		13.8 CITY - ST - ZIP	MIAMI, FL. 33055
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY - ST - ZIP		13.12 CITY - ST - ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY - ST - ZIP		13.16 CITY - ST - ZIP	

14. I do 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: *Karin E. Barrett* **KARIN E. BARRETT**
 PRESIDENT 3/18/97 (305) 271-6497
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)