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

FILED PROFIT Jan 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name (5)574675 GUARDIAN REALTY SERVICE CORP. Principal Place of Business Mailing Address ~10651-N. KENDALL DR.: \$. 221 10661-N:-KENDALL-DR.:- 8:--221 MIAMI FL 93176 MIAMI FL-99176-DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/25/1978 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 4904 B SW Tand AVE 59-1836010 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 463 NW 186 ST Fee Required 6. Election Campaign Financing \$5.00 May Be エノ Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Country Yes Personal Property Tax due June 30. AD 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BROWN, B. MACKAY 7100 N. KENDALL DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 84 City 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 d applicable (NOTE: Beg stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE TIFLE BARRETT, KARIN E. 1.2 NAME NAME 5463 NW 186 ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 C(1Y - ST - Z(P) CHY-ST-7P Change Addition DELETE 2.1 1111.6 THILE BARRETT, KARIN E. 2.2 NAME NAME 5463 NW 186 ST 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 2 4 C(1Y - S1 - Z)P CITY-ST-ZIP Change Addition DELFTE 3.1 TITLE TITLE 3 2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(1Y - \$1 - 2(P CITY-ST-ZIP Change Addition DELFTE 4.1 THLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY-ST-ZIP CITY-ST-ZIP Addition Change DELFTE 5.1 THE TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS 54 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 61 THLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS

or on an attachment with an address. 1/5 /98 (305) 668-3099

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 suppliemental 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

6.4 CHY-S1-ZIP

CITY-ST-ZIP