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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 823768

GUARDIAN INDUSTRIES CORP.

Principal Plac	ce of Business	Mailing Address				ĺ		41011 G1011 B10	III BIBIH BIBII FBBI
2300 HARMON	ROAD	2300 HARMON ROAD					<u> </u>		
	3 MI 48326-1714	AUBURN HILLS MI 48326-	1714				t 1		
US		US				<u></u>	DO NOT WRITE IN THE	3 SPACE	
						3.	Date Incorporated or Qualifed 10/20/1969		
—	Place of Business	2a. Mailing Address	,			4.	FEI Number		Applied For
21		26					38-0614230	П	Not Applicable
Suite, Apt. #, etc. Suite, Apt						5.	Certificate of Status Desired		5 Additional
22 27						Ľ		Fee	Required
City & Sta	te	City & State	City & State			6.	Election Campaign Financing	-	0 May Be
Zip	Country	28 Zip	Carret			<u> </u>	Trust Fund Contribution		d to Fees
_ `			Count	гу			This corporation owes the current year Ir		
24	25 9. Name and Address of Curr	29	30				Personal Property Tax.	Yes	□No
	V. Name and Address of Cult	ent Kegistereu Agent	8	11 N	Name	10.	Name and Address of New Registered	Agent	
NAT	IONSCORP REGISTERED AGEN	NTS, INC.	Ľ		*ams		1		
526 E. PARK AVENUE			8	2 8	Street Addres	ss (P	P.O. Box Number is Not Acceptable)		
SUIT	TE 200		8				i		,
TALL	AHASSEE FL 32301		ľ	3			; 		
			8	4 0	City			85 Zij	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						_4!	<u> </u>		
Office or i	registered agent, or both, in the Stat	te of Florida. Such change was a	authorized b	v the	corporation	s bo	pard of directors. I hereby accept the appo	intment as	registered
agent. I a	im familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statute	es.					•
SIGNATURE	Signature, typed or printed name of registered ag	and and title if a selection (A) Or	F. B		,	-	1		
12.		AND DIRECTORS	13.	jent sig	nature required w		einstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIRECT	TOPS IN 12
TITLE	T .	☐ DELETE	_	1.1 TITLE			I	Change	
NAME	CLARK, DAVID	_	1	1.2 NAME					, manatin
STREET ADDRESS	2300 HARMON ROAD		1.3 STRE		20500				
CITY-ST-ZIP	AUBURN HILLS MI								
TILE	V	☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			1	Change	e
NAME	KNIGHT, JEFFREY		2.2 NAME					criange	
STREET ADDRESS	2300 HARMON ROAD				NDE-00		1		
CITY-ST-ZIP	AUBURN HILLS MI			2.3 STREET ADDRESS					
TITLE	PD	☐ DELETE	2. 4 C/IY-		P	—	!	Change	Addition
NAME	DAVIDSON, W, M		3.2 NAME					L_1 Criange	2 C Vaginoii
STREET ADDRESS	2300 HARMON ROAD		1		NR500				
CITY-ST-ZIP	AUBURN HILLS MI		3.3 STREET A		ŀ				
TITLE	V	☐ DELETE		3.4. CITY-ST-ZIP				Change	Addition
NAME	GERSON, RALPH			4. 2 NAME				☐ Change	Addition
STREET ADDRESS	2300 HARMON ROAD			4.3 STREET ADDRESS					
CITY-ST-ZIP	AUBURN HILLS MI				İ				
TITLE	S	☐ DELETE	4.4 CITY-ST-ZI				<u> </u>	Change	Addition
NAME	SCHLANG, ALAN L			5.1 TITLE 5.2 NAME				L. J Change	Addition
STREET ADDRESS	2300 HARMON RD		5.3 STREE		nocee				
	AUBURN HILLS MI 48326				f		• !		i
CITY-ST-ZIP TITLE	V V	☐ DELETE	5.4 C/TY-ST-Z/P 6.1 TITLE				1	Пс	
NAME	RAPPAPORT, PAUL	□ occei€	6.2 NAME					Change	Addition
ĺ	2300 HARMON ROAD				occe l				
STREET ADDRESS	AT IDLIDAL WILL CALL		6.3 STREE		rc33				

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:

FILED

Feb 19, 1999 8:00am

Secretary of State

02-19-1999 90038 017 ***150.00