

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

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**Jun 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F45047 (0)
 1. Corporation Name
GUARDIAN TRAVEL SERVICE, INC.



Principal Place of Business 7360 GULF BLVD ST PETERSBURG BCH FL 33706	Mailing Address 7360 GULF BLVD ST PETERSBURG BCH FL 33706-1948
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3. Date Incorporated or Qualified 09/17/1981	3a. Date of Last Report 03/11/1996
4. FEI Number 59-2122833	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 801 WEST BAY DR.	2a. Mailing Address 26 801 WEST BAY DR.
22 Suite, Apt. #, etc. #501	27 Suite, Apt. #, etc. #501
23 City & State LARGO FL	28 City & State LARGO FL
24 Zip 33770	25 Country USA
29 Zip 33770	30 Country USA

9. Name and Address of Current Registered Agent
**STUTZ, FRANCES
7360 GULF BLVD
ST PETERSBURG BCH FL 33706**

10. Name and Address of New Registered Agent
 81 Name **STUTZ, FRANCES**
 82 Street Address (P.O. Box Number is Not Acceptable)
801 WEST BAY DR.
 83 **SUITE 501**
 84 City **LARGO** **FL** 85 Zip Code **33770**

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 _____ (NOTE: Registered Agent signature is required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PST	<input type="checkbox"/> DELETE
NAME	STUTZ, FRANCES G	
STREET ADDRESS	7360 GULF BLVD	
CITY - ST - ZIP	ST PETERSBURG BCH 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		
11 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	STUTZ, FRANCES G.	
13 STREET ADDRESS	801 WEST BAY DR. STE 501	
14 CITY - ST - ZIP	LARGO, FL 33770	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 _____ DATE _____

CR2E034 (9/96)