FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporati	JMENT # G140								
CRED	IT GUARD INTERNATIONA	L, INC.							
					 				
Principal Place of Business Maining Address									
ONE PROGRESS PLAZA		ONE PROGRESS PLA	7A						
SUITE 2210	Burg Fl 33701	SUITE 2210	SUITE 2210						
US	DUNG FE 33701	ST. PETERSBURG FL US	33701		3. Date Incorporated or Qualified	3a. Da	te of Last F	leport	
2. Principal Place of Business			- 		12/20/1982	0	14/04/199	95	
2. Principal F	Place of Business	2a. Mailing Address	2a. Maling Address		4. FEI Number		├	Applied For	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			¢0.75		Not Applicabl	e	
22		27			5. Certificate of Status Desired		•	Additional Required	
City & State		City & State	 1		6. Election Campaign Financing		\$5.0	0 May Be	-
23 Zip	Country	28	Т		Trust Fund Contribution		Adde	d to Fees	
24	25	29	30	intry	8. This corporation has liability for Florida Statutes	intangible i No	tax under s	199.032,	
	9. Name and Address of Cur	rent Registered Agent		<u> </u>	10. Name and Address of New F		l Agent		
				81 Name					\exists
	A, DEAN E			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)			
ONE PROGRESS PLAZA SUITE 2210				83					
	ERSBURG FL 33701			63					
VI. 1 L	ichobona (C 33/0)			84 City		FL	85 Zij	o Code	\dashv
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abo	ve named corpor	ration submits this statement for the pu		anoing its r	enistered offic	<u>_</u>
familiar w	ered agent, or both, in the State of Fl with, and accept the obligations of, Se	orida. Such change was authori, ection 607.0505, Florida Statute:	zed by the c s.	corporation's boa	ration submits this statement for the purific of directors. Thereby accept the app	ointment a	s registered	agent. Lam	~
SIGNATURE									
12.	Signature, typed or primed name of registered agent and the mapping state (NI) OFFICERS AND DIRECTORS			Agent signature redum		DATÉ	· ·		<u>6</u>
TIFLE	PST DELETE		13.	ITI F	ADDITIONS/CHANGES TO OFF		D DIRECTO Change		CR2E034 (12/95)
NAME	KUCERA, DEAN E.		12 N/				LT Grange	Addition	12
STREET ADDRESS	2270 PINELLAS PT DR., S		13 STREET ADDRESS						8
CITY - ST - ZIP	ST PETERSBURG, FL 00000)	1.4 C	TY-ST-ZIP					밁띯
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TITLE		□ DELETE	4. 1 3:				☐ Change	Addition	-
NAME			4.2 NA	M ²				•—	
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NAME		☐ DELETE	5 1 ÎI			(Change	Addition	
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TITLE		☐ DELETE	6 1 11			·i	Change	Addition	\dashv
NAME			6.2 NA	ME					
STREET ADDRESS			6 3 ST	REET ADDRESS					
CrTY - ST - ZrP			6.4 CIT	Y - S1 - ZIF					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 813-821-4446