

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 AM 10:59

DOCUMENT # **H24499** (6)

1. Corporation Name  
**TOTAL GUARD OF MIAMI, INC.**

Principal Place of Business Mailing Address  
**20430 N.E. 15TH COURT MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/08/1984		01/05/1994	
22		27		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2494750		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
City & State		City & State		<input type="checkbox"/>		5.00 May Be Added to Fees	
24		29		25		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KEMPER, ROBERT D. 1000 PARKVIEW #312 PLANTATION FL 33029				81 Name			
				LAMB, DENNIS			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				2341 OAK COURT			
83				84 City			
				PEMBROKE PINES FL 85 33026			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of current or former chief of registered agent and the Florida State Department of State) (Registered Agent signature required when recording)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPER, ROBERT D.	1.2 NAME	LAMB, DENNIS
STREET ADDRESS	1000 PARKVIEW #312	1.3 STREET ADDRESS	2341 OAK COURT
CITY, ST, ZIP	HALLANDALE FL	1.4 CITY, ST, ZIP	PEMBROKE PINES, FL 33026
TITLE	P	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMPER, ROBERT W.	2.2 NAME	KEMPER, ROBERT D.
STREET ADDRESS	65 FOREST CIRCLE	2.3 STREET ADDRESS	11907 S.W. 13th CT.
CITY, ST, ZIP	COOPER CITY FL	2.4 CITY, ST, ZIP	DAVIE, FL 33325
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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 charged to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with no additions.

SIGNATURE: \_\_\_\_\_ DATE: 5/10/95 (305) 653-4008  
(Signature and typed or printed name of business officer or director) (Date) (Telephone Number)