

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 JAN 17 AM 11:47**

**DOCUMENT # H51363 (0)**  
1. Corporation Name  
**GUARDIAN TRAVEL, INC.**

Principal Place of Business      Mailing Address  
**11222 QUAIL ROOST DRIVE      11222 QUAIL ROOST DRIVE**  
**MIAMI FL 33157                      MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1985</b>	3a. Date of Last Report <b>01/28/1994</b>
4. FEI Number <b>59-2519974</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country
30. Zip	Country

**9. Name and Address of Current Registered Agent**  
**NOONAN, PAMELA**  
**11222 QUAIL ROOST DRIVE**  
**MIAMI FL 33157**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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: I signed or printed name of registered agent and filed a fee of \$225.00)

(Signature: I signed or printed name of registered agent and filed a fee of \$225.00)

(Date)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DV</b>
NAME	<b>BLACKBURN, BONNIE</b>
STREET ADDRESS	<b>11222 QUAIL ROOST DRIVE</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>NOONAN, PAMELA</b>
STREET ADDRESS	<b>11222 QUAIL ROOST DRIVE</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>NEUBARTH, SANDY</b>
STREET ADDRESS	<b>11222 QUAIL ROOST DRIVE</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>SAUNDERS, CYNTHIA</b>
STREET ADDRESS	<b>11222 QUAIL ROOST DRIVE</b>
CITY, ST, ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information requested 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. 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:** *Pamela Noonan* **PAMELA NOONAN, PRES/DIR** 1/10/95 (305) 233-1178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR