

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

FILED

**Feb 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H51363 (0)
1. Corporation Name
GUARDIAN TRAVEL, INC.



Principal Place of Business 11222 QUAIL ROOST DRIVE MIAMI FL 33157	Mailing Address 11222 QUAIL ROOST DRIVE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified 04/09/1985	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2519974	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NOONAN, PAMELA 11222 QUAIL ROOST DRIVE MIAMI FL 33157				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV
NAME	BLACKBURN, BONNIE	1.2 NAME	MICHAEL CASALE
STREET ADDRESS	11222 QUAIL ROOST DRIVE	1.3 STREET ADDRESS	11222 QUAIL ROOST DRIVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	PD	2.1 TITLE	
NAME	NOONAN, PAMELA	2.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	GARCIA, LEN	3.2 NAME	ART HEGGEN
STREET ADDRESS	11222 QUAIL ROOST DRIVE	3.3 STREET ADDRESS	11222 QUAIL ROOST DRIVE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T	4.1 TITLE	
NAME	SAUNDERS, CYNTHIA	4.2 NAME	
STREET ADDRESS	11222 QUAIL ROOST DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

These corrections sub-nitted last year see please see attached!

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.

SIGNATURE: *X Pamela Noonan* / PAMELA NOONAN PD 1/15/98 (305) 833-1178

CR2E034 (10/97)