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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K46505

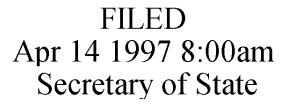
(9)

KARGUARD CORP.

12613 CLENDENNING DR. TAMPA FL 33624

Mailing Address

12613 CLENDENNING DR. TAMPA FL 33624-4708





									3. Date Incorporated or Qualified 11/21/1988 3a. Date of Last Report 05/01/1996			
	Principal Place of Business			2a.	2a. Mailing Address				4. FEI Number Applied For			
21				26					59-2917179 Not Applicable	e		
22	Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State				City & State				6. Election Campaign Financing \$5.00 May Bo				
23					8				Trust Fund Contribution Added to Fees			
	Zip	Country		ļ <u>,</u>	Zip Cou		Country		8. This corporation has liability for intengible tax under s. 199.032,			
24			25	29		30			Florida Statutes X Yes No			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
		nig, kenni					81	Name				
12613 OLENDENNING DR Tampa Fl 33624							82	Street A	oel Address (P.O. Box Number is Not Acceptable)			
						83						
							84	City	■ 85 Zip Code			
							04	City	FL S Z P COOKE			
11	office or re	egistered ag	ons of Sections 607.056 ent, or both, in the State th, and accept the oblig	e of Florid	da. Such change w	as authoriz	red by	the corp	d corporation submits this statement for the purpose of changing its registored reporation's board of directors. I hereby accept the appointment as registered	1		
Sŀ	GNATURE	Signature, typed	or printed name of registered ag	ent and title	il applicable.	(NOTE: Registe	red Agr	ent signature (e required when reinstating) DATE			
12			OFFICERS AN			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	19		
TIT	Lŧ	P			☐ DELLIE	1,1	FILE		Change Addition	î ğ		
NA	ME		Kenneth J.			1.2	NAME	F		3		
STREET ADDRESS 12613 CLENDENNING DR				1.3 STREET ADDRE		ADDRESS		}				
CIT	Y-ST-ZIP	TAMPA FL				1.4	CITY-S	T - ZIP		្ត្រ		
TIT		DSV	************		☐ DELETE	2.1	TITLE	•••	Change Addition	n Č		
NAI	ME	KARNIG, I	HAZEL C.			2.2	NAME					
STE	TREET ADDRESS 12613 CLENDENNING DR			238		STREET	ADDRESS	·				
CIT	Y-ST-ZIP	TAMPA FI				2.4	CITY-	S1 - ZIP				
TIT		V-			DELETE		TITLE		Change Addition	n		
NAI	ME	KARNIG, V	VANESSA L			3.2	NAME					
STE	REET ADDRESS	12613 CL	endenning dr			3.3	STREET	ADDRESS				
CIT	Y-ST-ZIP	TAMPA FL				3.4	. CITY-S	ST-ZIP				
TIT			***************************************		DELETE		DILE		Change Addition	n		
NAI	ME					4.3	NAME	-				
	REET ADDRESS							ADDRESS				
	Y-ST-ZIP					1	CITY-S	1				
1111					DELETE		TITLE		Change Addition			
NAI							NAME					
	REET ADDRESS							ADDRESS				
	Y-ST-ZIP						CHY-S					
TITI					DELETE		THEF	1- [17	Change Addition	{		
NA!	1				Detect		NAME		C change C Addition	.		
								ADDDLGO				
STREET ADDRESS						6.3 STREET ADDRESS						
CIT	Y-ST-ZIP					6.4	CITY-S	1- <i>Z</i> (P				

I do nereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, further certify that 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 chapter, or on an attachment with an address.

[13]