

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90001 018 ***150.00

DOCUMENT # K49455

1. Corporation Name
OXIGUARD, INC.



Principal Place of Business
% RACHAEL S. WORTHINGTON
2494 BAYSHORE BLVD., STE. 101
DUNEDIN FL 34698

Mailing Address
% RACHAEL S. WORTHINGTON
2494 BAYSHORE BLVD., STE. 101
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5418 Aruba Place		26 5418 Aruba Place		12/06/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2922436	
City & State		City & State		Applied For	
23 Sarasota, FL		28 Sarasota, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34233		29 34233		30	
Country		Country		8. This corporation owes the current year Intangible	
25		30		Personal Property Tax.	
				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BOULLEMET, MARYANN 2494 BAYSHORE BLVD. SUITE 101 DUNEDIN FL 34698		81 Name Karen Scovill	
		82 Street Address (P.O. Box Number is Not Acceptable) 5418 Aruba Place	
		83	
		84 City Sarasota	
		85 Zip Code FL 34233	

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 Karen Scovill DATE 4/6/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, DONALD J.	1.2 NAME	Worthington, Donald J.
STREET ADDRESS	2494 BAYSHORE BLVD., SUITE 101	1.3 STREET ADDRESS	128 Carlyle Drive
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	Palm Harbor, FL 34683
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHINGTON, RACHAEL S.	2.2 NAME	
STREET ADDRESS	2494 BAYSHORE BLVD, SUITE 101	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOVILL, RUSSELL B.	3.2 NAME	
STREET ADDRESS	2494 BAYSHORE BLVD., SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOULLEMET, MARYANN	4.2 NAME	Scovill, Karen
STREET ADDRESS	2494 BAYSHORE BLVD, SUITE 101	4.3 STREET ADDRESS	5418 Aruba Place
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	Sarasota, FL 34233
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Russell Scovill DATE 4/6/99 DAYTIME PHONE # 941-378-3350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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