

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 APR 24 AM 9:07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M29861 (5)

1. Corporation Name GUIDELINES, INC.

Principal Place of Business 18441 NW 2ND AVE. STE 300 MIAMI FL 33169 Mailing Address 18441 NW 2ND AVE. STE 300 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1986 3a. Date of Last Report 04/15/1994

2. Principal Place of Business 21 10320 USA Today Way 22a. Mailing Address 26 10320 USA Today Way

4. FEI Number 59-2654486 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State Miramar FL 28 City & State Miramar FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33025 25 Country Broward 29 Zip 33025 30 Country Broward

8. This corporation has liability for intangible tax under C. 199.099, Florida Statutes XX Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, DAVID M. 10111 SW 3RD ST. PLANTATION FL 33324

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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: David M. Cohen or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD NAME COHEN, DAVID M. STREET ADDRESS 10111 SW 3RD ST. CITY - ST - ZIP PLANTATION FL

11 TITLE PD 12 NAME COHEN, DAVID M. 13 STREET ADDRESS 1901 N. ATLANTIC BLVD #11-F 14 CITY - ST - ZIP FT. LAUDERDALE, FL 33305 XX Change Addition

TITLE CD NAME GOLUB, ALLYN STREET ADDRESS 4500 INGRAHAM HWY. CITY - ST - ZIP CORAL GABLES FL

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP Change Addition

TITLE NAME STREET ADDRESS CITY - ST - ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP Change Addition

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 119.07(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 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 [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 305-433-7470