


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**APPROVED  
AND  
FILED**

1997 JUL 24 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M29861 (5)**

1. Corporation Name  
**GUIDELINES, INC.**

Principal Place of Business <b>10320 USA TODAY WAY MIRAMAR FL 33025 US</b>	Mailing Address <b>10320 USA TODAY WAY MIRAMAR FL 33025 US</b>
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DO NOT WRITE IN THIS SPACE

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 Country
24	30

3. Date Incorporated or Qualified <b>04/02/1986</b>	3a. Date of Last Report <b>06/27/1996</b>
4. FEI Number <b>59-2654496</b>	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COHEN, DAVID M  
1901 N ATLANTIC BLVD #11-F  
FT LAUDERDALE FL 3305**

10. Name and Address of New Registered Agent

81 Name  
**COHEN, DAVID M.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5000 N. OCEAN BLVD.**

83 **APT 711**

84 City  
**FT. LAUDERDALE** FL 85 Zip Code  
**33308**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COHEN, DAVID M.	
STREET ADDRESS	1901 N. ATLANTIC BLVD., #11-F	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GOLUB, ALLYN	
STREET ADDRESS	4500 INGRAHAM HWY.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Same <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Same
1.3 STREET ADDRESS	5000 N. OCEAN BLVD. #711
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3000002252823-3
2.4 CITY-ST-ZIP	07/30/97-01031-003 ****165.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (4/97)

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72497

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**Guidelines, Inc.**

*Specialists in  
pharmaceutical development  
and regulatory affairs*

22 July 1997

Division of Corporations  
Attention Annual Report  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Guidelines, Inc.  
Document # M29861**

On July 11, 1997, we received a 2<sup>nd</sup> notice for the 1997 filing of our Corporate Annual Report. We did not, however, receive a 1<sup>st</sup> notice.

Pursuant to my conversation this morning with the Division of Corporations and following their instructions, enclosed is our 1997 Annual Report and a check in the amount \$165.00. In past years we have filed our report in a timely manner. Because we did not receive the first notice, we missed the filing date.

We appreciate your consideration to waive any late filing charges.

Cordially,

Caren R. Bezack  
Controller

Gls-200-annrpt