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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED Mar 09 1998 8:00am Secretary of State

	Guardian fun	D CORP.							
Principal Place of Business Mailing Address								a immiddir tit sodid iinti midir Bioro sidt Bingt bibli dibir dibir dibir dibir	
6	853 S.W. 18TH ST., SUIT	E M-110	200 E	LAS OLAS BLVD					
E	BOCA RATON FL 33433-7	097	SUITE					DO NOT WOLFE IN THE OPACE	
			US US	AUDERDALE FL 333	UI			DO NOT WRITE IN THIS SPACE	_
<u> </u>								3. Date Incorporated or Qualified 03/17/1988	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For	
21			[26]					65-0097358 Not Applicable	9
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired Section	
	City & State	City & State					6. Election Campaign Financing \$5.00 May Be	٦	
23			28					Trust Fund Contribution Added to Fees	
	Z ip	Country 7ip			Country			8. This corporation owes or has paid the current year Intangible	٦
24		25	29		30			Personal Property Tax due June 30. Yes No	╛
	9. Name	and Address of Current	l Registered	i Agent		L,		10. Name and Address of New Registered Agent	
	reed, fred					81	Name		1
6853 S.W. 18TH ST., SUITE M-110						82	Street A	Address (P.O. Box Number is Not Acceptable)	\dashv
	BOCA RATON					000	total good (1.10. Box 1101/100 for 10.100 fo	ļ	
						83			7
						84	City	■■ 85 Zip Code	4
								FL T	
11	 Pursuant to the provis office or registered ag agent. I am familiar wi 	ions of Sections 607.0502 ent, or both, in the State th, and accept the obliga	2 and 607.15 of Florida, S itions of, Sec	008, Florida Statute uch change was a stion 607.0505, Flo	es, the a uthorize rida Sta	bove d by tutes	named of the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	7
SIG	GNATURE Signature, typed	or profed name of registered ages	stand title if appl	cable (NOTE	Registere	d Agei	nt signature re	required when reinstating) DATE	
12		OFFICERS AND	DIRECTOR	is .	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	75
TITE				DELETE	11T	ITLE	T	☐ Change ☐ Addition	ગ્
NAM	·· -)	EL, HENRIETTA L.			1.2 N	AME	l		12
STREET ADDRESS 6853 SW 18TH ST. #M110				1.3 S	TREET	ADDRESS		18	
CITY-S1-ZIP BOCA RATON FL					ITY- <u>S</u> 1	T-ZIP		Jδ	
TATI				DELETE	24.1	ITLE			
	E PD			[DCLEIF	2.11	*****		Change Addition	٦٦٥
NA	LE PD ME FRANKI	EL, FRED		[DELETE	2.1 N			Change Abonion	م آد ا
1	LE PD FRANKI REET ADDRESS 6853 S	W 18TH ST. #M110		[] DETER	2.2 N	AME	ADDRESS	Change Abonion	ין כ
STF	LE PD FRANKI REET ADDRESS 6853 S			[_] DELETE	2.2 N 2.3 S	AME		Change Abonion	ה כ
STF	LE PD FRANKI ME FRANKI MET ADDRESS 6853 SI Y-S1-ZIP BOCA F	W 18TH ST. #M110	··· • «» ·	DELETE	2.2 N 2.3 S	IAME Treet City-S		Change Addition	
STF	LE PD FRANKI ME 6853 SI 6853 SI 6954 F E	W 18TH ST. #M110	···		2.2 N 2.3 S 2 4 (IAME TREET CITY-S ITLE			
STF CIT TITL NAI	LE PD FRANKI ME 6853 SI 6853 SI 6954 F E	W 18TH ST. #M110	··· • • • • • • • • • • • • • • • • •		2.2 N 2.3 S 2.4 (3.1 T) 3.2 N	IAME TREET CITY-S ITLE IAME			
STE CIT TITL NAI STE	ME PD FRANKI MEET ADDRESS 6853 SI BOCA F ME	W 18TH ST. #M110	. <u></u>		2.2 N 2.3 S 2.4 (3.1 T) 3.2 N 3.3 S	IAME TREET CITY-S ITLE IAME	ADDRESS		

6.4 CITY-ST-ZIP 14. Thereby 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.

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 City - ST - ZiP

4.4 CITY-ST-ZIP

5 1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

☐ Change

Addition

☐ Addition