May 01, 1999 8:00 am Secretary of State

05-01-1999 90087 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M72447

1. Corporation Name

GUARDI	an realty management	CORP.							
Principal Plac	e of Business	Mailing Address				- 1	AL LEGIT GLENT GARAL D	1011 81011 01	Bit Billit inni
6853 SW 18TH ST. 200 E. LAS OLAS BLVD									
SUITE M-110 SUITE 100									
BOCA RATON FL 33433 FT. LAUDERDALE FL 33301						DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualifed			
						03/17/1988		1 1 4	-C-d For
2. Principal Place of Business 2a, Mailing Address						4. FEI Number		—	olied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0097359	- ē	8.75 A	Applicable
						5. Certifcate of Status Desired		Fee Rec	
22 27 City & State City & State						6. Election Campaign Financing		\$5.00	' ——
23 28						Trust Fund Contribution		Added to	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent vear Intang		
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Curre					10. Name and Address of New R	egistered Age	nt	
504	NIVEL EDED			81	Name				İ
Frankel, fred 6853 SW 18TH ST.				82	Street Addre	ess (P.O. Box Number is Not Accepte	ible)		
SUITE M-110				83					
BOCA RATON FL 33433				83					
				84	City		FL 8	35 Zip C	ode
11 Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the al	-evoc	named corpo	oration submits this statement for the		nging its	registered
office or a gent. I a	registered agent, or both, in the State im familiar with, and accept the obliga-	e of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized ida Statu	by thutes.	e corporation	n's board of directors. I hereby accer	it the appointme	∍nt as reg	istered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered	Agent s	ionatura required	when reinstating)	DATE		
12.		ND DIRECTORS	13.		• •	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE _		-] Change	Addition
NAME	FRANKEL, FRED		1.2 NA	ME				,	
STREET ADDRESS	s 6853 SW 18TH ST #M-110		1.3 ST	1.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL		1.4 CF	TY-ST-2	ZIP				
TITLE	STD □ DELETE 2.11		2.1 TII	LE] Change	Addition
NAME	FRANKEL, HENRIETTA L. 22		2.2 NA	ME	ŀ				
STREET ADDRESS	25S 6853 SW 18TH ST #M-110 2			REET A	DDRESS				
CITY-ST-ZIP	BOCA RATON FL 2		2.4 CI	TY- <u>S</u> T-	ZIP				
TITLE	☐ DELETE 3.11		3.1 711	T.E				Change .	☐ Addition
NAME	32		3.2 NA	ME		•			
STREET ADDRESS			3 3 ST	REET A	DDRESS	<u>-</u>			÷ •
CITY-ST-ZIP			3.4. CI	TY-ST-	ZIP				
TITLE		☐ DELETE	4.1 Tfl	ΠE				Change	☐ Addition
NAME			. 4.2 N	AME		•			
STREET ADDRESS	·		4.3 ST	REE! A	DORESS				
CITY-ST-ZIP			4.4 CI	TY-ST-2	ZIP			10	- Addition
TITLE		☐ DELETE	5.1 TT		Ì		<u> </u>] Change	Addition
NAME	· '		5.2 NA		DDDE05				
STREET ADDRESS	1				DDRESS				
CITY-\$T-ZIP				TY-ST-2] Change	Addition
TITLE .		☐ DELETE	6.1 TIT		İ		_	Jonanye	F) voning)
NAME			6.2 NA		DDRESS				
CTREET ADDOCCO									

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS