

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40330 (5)

1. Corporation Name

GUARD, INC.

Principal Place of Business

Mailing Address

% DEAN TRANTALIS, ESO.
10100 WEST SAMPLE ROAD, SUITE 302
CORAL SPRINGS FL 33065

% DEAN TRANTALIS, ESO.
10100 WEST SAMPLE ROAD, SUITE 302
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1990

3a. Date of Last Report

06/07/1994

4. FEI Number

65-0262817

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 9724 West Sample Rd

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 9724 West Sample Rd

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TRANTALIS, DEAN
10100 WEST SAMPLE ROAD
SUITE 302
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number Not Acceptable)

03 9724 West Sample Rd

04 City

FL

05

Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

Dean Trantalis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4/4/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DP
DELIA, DENNIS
1421 NE 5TH TERRACE
FT. LAUDERDALE FL

DV
YOZLE, DENISE
1636 N. VICTORIA PK. RD.
FT. LAUDERDALE FL

DS
JACKSON, SCOTT
5099 S.W. 6TH CT.
PLANTATION FL

DT
FRITZ, LINWOOD
217 LAKE POINTE DR., #105
OAKLAND PARK FL

D
MCGARRY, PATRICIA
2018 SHERMAN STREET
HOLLYWOOD FL

D
TROUGH, CARL E.
1789 S.W. 81ST TERR.
DAVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

OFFICIAL USE

4-18-95 (305) 570-5791