


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40330 (5)
1. Corporation Name
GUARD, INC.

Principal Place of Business 9724 West Sample Road Coral Springs, Fl. 33065 US	Mailing Address 9724 West Sample Road Coral Springs, Fl. 33065-4004 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/09/1990	3a. Date of Last Report 08/07/1996
4. FEI Number 65-0262817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Trantalis, Dean
9724 West Sample Road
Coral Springs, Fl. 33065

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 provisions of Section 617.0503, Florida Statutes.
SIGNATURE *[Signature]* DATE 4/24/97
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	Delia, Dennis	
STREET ADDRESS	1421 NE 5th Terrace	
CITY-ST-ZIP	Ft. Lauderdale, Fl.	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	Patricia McGarry	
STREET ADDRESS	2618 Sherman Street	
CITY-ST-ZIP	Hollywood, Fl	
TITLE	SEC	<input type="checkbox"/> DELETE
NAME	Jesse Monteagudo	
STREET ADDRESS	301 N Pine Island Rd #258	
CITY-ST-ZIP	Plantation, Fl.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Fritz, Linwood	
STREET ADDRESS	524 Arton Ave. #602	
CITY-ST-ZIP	Ft. Lauderdale, Fl.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gregory, Wayne	
STREET ADDRESS	6181 NW 31st Way	
CITY-ST-ZIP	Ft. Lauderdale, Fl	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Baldwin, Doug	
STREET ADDRESS	PO Box 10118	
CITY-ST-ZIP	Pompano, Fl	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Baldwin, Doug
6.3 STREET ADDRESS	789 NW 47th St.
6.4 CITY-ST-ZIP	Pompano, Fl.

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 954-527-9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)