


FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 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	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRANTALIS, DEAN 9724 WEST SAMPLE ROAD CORAL SPRINGS FL 33065
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1 Portside Dr. 83 84 City Ft. Lauderdale FL 85 Zip Code 33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **1/8/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DELIA, DENNIS
STREET ADDRESS	1421 NE 5TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MCGARRY, PATRICIA
STREET ADDRESS	2818 SHERMAN STREET
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	SEC MONTEAGUDO, JESSE
STREET ADDRESS	301 N PINE ISLAND RD #258
CITY-ST-ZIP	PLANTATION FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D LINWOOD, FRITZ
STREET ADDRESS	524 ARTON AVE #602
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D GREGORY, WAYNE
STREET ADDRESS	6181 NW 31ST WAY
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D BALDWIN, DOUG
STREET ADDRESS	789 NEW 47TH ST
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DV CLARK, KARL
2.3 STREET ADDRESS	3210 Seaward Dr.
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Bill Mullins
4.3 STREET ADDRESS	3000 E Sunrise Blvd Apt. 14E
4.4 CITY-ST-ZIP	Sunrise, FL 33304
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 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]* DATE **4/1/98**

CR2E037 (10/97)