

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90072 010 \*\*\*\*61.25

DOCUMENT # N40330

1. Corporation Name

GUARD, INC.

555693- 90072 - 10 3 \*

Principal Place of Business

Mailing Address

3061 NE 14<sup>th</sup> Avenue  
Oakland Park, FL 33334

~~SEMI~~

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 3061 NE 14<sup>th</sup> Avenue

26 ~~11357~~ P.O. Box 11357

1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

65 0262817

Not Applicable

23 City & State  
Oakland Park, FL

27 City & State  
Ft. Lauderdale, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

24 Zip Country  
33334 USA

29 Zip Country  
33334 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Dean J. Trantolis, Esq.  
4758 North Federal Hwy.  
Lighthouse Point, FL 33064

81 Name

~~Chris D. Neill~~ Chris D. NEILL

82 Street Address (P.O. Box Number is Not Acceptable)

3061 NE 14<sup>th</sup> Ave

83

84 City

Oakland Park

FL

85 Zip Code

33334

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 obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director ☐ DELETE  
NAME Juan A. Ramos  
STREET ADDRESS 3061 NE 14<sup>th</sup> Avenue  
CITY-ST-ZIP Oakland Park, FL 33334

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Vice President/Director ☐ DELETE  
NAME Karl Clark  
STREET ADDRESS P.O. Box 11357  
CITY-ST-ZIP Ft. Lauderdale, FL 33334

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Treasurer/Director ☐ DELETE  
NAME Douglas Feldman  
STREET ADDRESS P.O. Box 11357  
CITY-ST-ZIP Ft. Lauderdale, FL 33334

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE  
NAME Jesse Montenegro  
STREET ADDRESS P.O. Box 11357  
CITY-ST-ZIP Ft. Lauderdale, FL 33334

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (931) 478-4036

CR2E037 (11/98)