

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

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95 MAR 16 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45518 (0)
1. Corporation Name
GUARDIANSHIP AND CASE MANAGEMENT SERVICES, INC.

Principal Place of Business 5555 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address 5555 BISCAYNE BLVD MIAMI FL 33137 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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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/07/1991	3a. Date of Last Report 03/01/1994
4. FBI Number 59-0839562	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
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
**MESSER, MICHAEL E.
5555 BISCAYNE BLVD
MIAMI FL 33137**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, 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

TITLE	D
NAME	MESSER, MICHAEL E.
STREET ADDRESS	4201 NW 2ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	LILLESAND, DAVID
STREET ADDRESS	9400 S DADELAND BLVD #614
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	EICHENBAUM, BERNARD
STREET ADDRESS	6811 SW 70 LN
CITY-ST-ZIP	S MIAMI FL
TITLE	TD
NAME	HORWICH, MITCHELL
STREET ADDRESS	1541 SUNSET DR #202
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MESSER, MICHAEL E.	
1.3 STREET ADDRESS	5555 BISCAYNE BLVD.	
1.4 CITY-ST-ZIP	MIAMI, FL 33137	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SALAZAR, HELEN	
3.3 STREET ADDRESS	5555 BISCAYNE BLVD.	
3.4 CITY-ST-ZIP	MIAMI, FL 33137	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: Michael E. Messer 3/1/95 305-759-8500
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR