## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 31 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #
1, Corporation Name

N48846

(2)

## GUARDIANSHIP MANAGEMENT, INC.

Principal Piace	of Business	Mailing Address			I (00)//66 81) 01001 10101 40/F1 01010 0111 01011 0F9F1 010/1 010/1 0F0F1 1001			
10343 ROYAL PALM BLVD. 10343 ROYAL PALM BLVC			<b>D</b> .					
124		124	.0.17					
CORAL SPGS FL 33065 US		CORAL SPGS FL 33065-4817 US		3. Date Incorporated or Qualified 05/12/1992	3a. D	Oate of Last Report 05/01/1996		
2. Principal Pa	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26		65-0392134	Not Applicable			
Suite, Apt 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
22		27				Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
<b>23</b>   7(p	Country	<b>28</b> Zip	Country		8. This corporation has liability for			
24	25	29	30				No No	
	9. Name and Address of Curren				10. Name and Address of New Re	gistered	Agent	
			81	Name				
HARRISC	ON, SANDRA J.		82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
	XAS TRAIL							
APARTM			83	Bri	- <b>J</b>			
BOCA R	ATON FL 33487		84	City			85 Zip Code	
				L		FL	<del></del>	
office or n	enistered agent, or both, in the State	of Florida, Such change was	authorized by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby acce	ourpose o	or changing its registered pointment as registered	
agent Lar	m familiar with, and accept the oblig	ations of, Section 617.0503, F	Torida Statutes	S.			_	
SIGNATURE _	Signature typed or princed rain or Degistered agr	anson.	SANDRA	J. HA	IRARISON  Ilred when reinstaling)	1-2	7-97	
12.	•••	D DIRECTORS	13.	in alguna roqu	ADDITIONS/CHANGES TO OFFIC	CERS AN	ID DIRECTORS IN 12	
THLE	ED	☐ DEL€1E	1.1 TITLE				Change Addition	
NAME	HARRISON, SANDRA J.		1.2 NAME					
STREET ADDRESS	7444 T4EXAS TRAIL		1.3 STREET	ADDRESS				
CITY-ST-7IP	BOCA RATON FL		1.4 C(TY-5	ST-ZIP				
11i1E	D	☐ DELETE	2.1 TITLE				Change Addition	
NAME	MCLAUGHLIN, BERNARD R.		2.2 NAME					
STREET ADDRESS	7444 TEXAS TRAIL		2.3 STREET					
CITY+ST-ZIP	BOCA RATON FL		2 4 CITY-	ST-ZIP		<u> </u>	Change Addition	
TITLE	D DELETE		31 TITLE				C change C vagaran	
NAME	BROWN, THOMAS A. 1330 N.W. 13TH ST #17		32 NAME	ADDDCCC				
STREET ADORESS	BOCA RATON FL		3.3 STREE*	1				
CITY-ST-ZIF TIFLE	D	DELETE	4.1 TITLE	31-211			Change Addition	
NAME	BROWN, MAPY		4. 2 NAME					
STREET ADDRESS	1330 N.W. 13TH ST. #17		4.3 STREE	I ADDRESS				
City-St-7-P	BOCA RATON FL		4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5 1 TITLE				Change Addition	
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY ST-Z-P			5.4 C(TY-	ST-ZIP			Chance Classe	
TIFLE		☐ DELETE	61 TITLE				Change Addition	
NAME			62 NAME					
STREET ADDRESS				T ADDRESS				
14 Ldo beret	hy certify that the information supplie	ed with this filing does not our	6.4 CITY-: alify for the exe	emption state	ed in Section 119.07(3)(i), Florida Statut	as. I furth	er certify that the	
informatic	on indicated on this annual report or .	supplemental annual report is ir the receiver or trustee empo	s true and acc owered to exe	urate and tha	at my signature shall have the same log ort as required by Chapter 617, Florida	al effect i	as it made under oath: that	

SIGNATURE:

South of Hame of Signing Officer on birector Date Date Daylore Propos # 002360