


FILE NOW: FILING FEE IS \$61.25

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Sep 21, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000007066

1. Corporation Name

FLORIDA GUARD ASSOCIATION INC.

Principal Place of Business

Mailing Address

4970 SABAL PALM BLVD APT 310
 FT LAUDERDALE FL 33319

4970 SABAL PALM BLVD APT 310
 FT LAUDERDALE FL 33319

618255-90024-49 5 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/14/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0897779	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75-Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JOSEPH
 4970 SABAL PALM BLVD APT 310
 FT LAUDERDALE FL 33319

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 - <i>Director</i>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Joseph	1.2 NAME	
STREET ADDRESS	4970 Sabal Palm Blvd Apt 310	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, FL 33319	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Vice President - <i>Director</i>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene V Maciol	3.2 NAME	
STREET ADDRESS	3351 NE 17th Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Oakland Park, FL 33334	3.4 CITY-ST-ZIP	
TITLE	Sec-Treas - <i>Director</i>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Handler	4.2 NAME	
STREET ADDRESS	1906 SW 83rd Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	North Lauderdale, FL 33068	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changes empowered.

SIGNATURE:

Frank Handler FRANK HANDLER 9/14/99 84-726-8436
 Sec-Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)