

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northon
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000009155 (1)**

1. Corporation Name

THE GUILFORD GROUP, INC.

Principal Place of Business

9200 S DADELAND BOULEVARD
SUITE 100
MIAMI FL 33156

Mailing Address

9200 S DADELAND BOULEVARD
SUITE 100
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/29/1993

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21 **2222 Ponce de Leon Blvd**
Suite, Apt. #, etc.

2a. Mailing Address

25 **2222 Ponce de Leon Blvd**
Suite, Apt. #, etc.

4. FEI Number

APPLIED FOR 65-0573983

Applied For

Not Applicable

22 **Penthouse Suite**

City & State

23 **Coral Gables, Florida**

24 **33134**

25 **USA**

27 **Penthouse Suite**

City & State

28 **Coral Gables, Florida**

29 **33134**

30 **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**GUILFORD, GREGG P
100 EDGEWATER DR
UNIT 138
CORAL GABLES FL 33133**

10. Name and Address of New Registered Agent

81 Name
F.W. Mort Guilford
82 Street Address (P.O. Box Number is Not Acceptable)
2222 Ponce de Leon Blvd.
83 **Penthouse Suite**
84 City
Coral Gables 85 **FL** Zip Code
33134

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 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 consent to the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

F.W. Mort Guilford

F.W. Mort Guilford

4/17/95

Signature, typed or printed name of registered agent and corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
GUILFORD, GREGG P
STREET ADDRESS
100 EDGEWATER DR UNIT 138
CITY-ST-ZIP
CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
Director Change Addition
1.2 NAME
F.W. Mort Guilford
1.3 STREET ADDRESS
2222 Ponce de Leon Blvd., Penthouse
1.4 CITY-ST-ZIP
Coral Gables, Florida 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and changed, or on an attached sheet, within the year.

SIGNATURE:

F.W. Mort Guilford

F.W. Mort Guilford

4/17/95 305/446-8411

Signature and typed or printed name of registered officer or director

Date

Telephone Number