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CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 18 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1997

DOCUMENT # P9300009155 (1) 1. Corporation Name THE GUILFORD GROUP, INC.								<b>                                   </b>
Principal Place of Business 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134		2222 PONCE DE PENTHOUSE SUI CORAL GABLES	Mailing Address 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134-5039					
ŲS		US			<ol> <li>Date Incorporated or Qualified 01/29/1993</li> </ol>		of Last R <b>)/1996</b>	eport
2. Principal Pl	lace of Business	2a. Mailing Add	lress	J.,	4, FEI Number 65-0573983		- <del></del>	oplied For
Suite, Apt	#. etc	Suite, Apt. #	, etc.	·····	5. Certificate of Status Desired		\$8.75	Additional
City & State	e	City & State						equired
23	•	28			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	
Zip	Country	Zip		Country	8. This corporation has liability for	or intangible ta		
24	25 Name and Address of	29 29 Current Spelstered Agent		30[	Florida Statutes  10. Name and Address of New I	Yes 🗆		
GI III	LFORD, F.W. MORT	Correin uabistatea waent		81 Name	10, name and Address of New I	večistelet vč	Jent	
	PONCE DE LEON BLVO			82 Street Ac	dress (P.O. Box Number is Not Accept	table)	<del>,</del>	
	THOUSE SUITE				Actions (1.4. Box (Million) in Mot Actor			
COR	IAL GABLES FL 33134			83				
				84 City		FL	<b>85</b> Zip	Code
11. Pursuant!	to the provisions of Sections 6	07.0502 and 607.1508, Flori	ida Statute	es, the above-named co	orporation submits this statement for the	e purpose of c	hanging i	is registered
SIGNATURE	to the provisions of Sections 60 egistered agent, or both, in the minanihar with, and accept the Signature typed or pureled name of region			es, the above-named co authorized by the corpo orida Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc quired when reinstating	e purpose of c cept the appoi	hanging in ntment as	registered
SIGNATURE.	Signature Typed or printed name of regis	stered agent and tire if applicable	[NOTE	E: Registered Agent signature re-		DATE FICERS AND D	DIRECTOR	RS IN 12
SIGNATURE.	Signature hyped or panied name of regist  OFFICES	stered agent and tire if applicable		E: Registered Agent signature re 13. 1.1 TiTLE	quired when reinstating)	DATE FICERS AND D		RS IN 12
SIGNATURE.  12.  IIILE  NAME	Signature typed or printed name of region OFFICES D GUILFORD, F.W. MORT	need agent and one it applicable RS AND DIRECTORS D	(NOTE DELETE	E: Registered Agent signature res 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE FICERS AND D	DIRECTOR	
SIGNATURE.  112.  111LE  NAME  STREET ADDRESS	Signature hyped or panied name of regist  OFFICES	need agent and one it applicable RS AND DIRECTORS D	(NOTE DELETE	E: Registered Agent signature res 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS	quired when reinstating)	DATE FICERS AND D	DIRECTOR	RS IN 12
SIGNATURE.  12.  III.E  NAME	Signature Typed or punted name of region OFFICES D GUILFORD, F.W. MORT 2222 PONCE DE LEON I	need agent and tree if applicable RS AND DIRECTORS  D  BLVD PENTHOUSE SUIT	(NOTE DELETE	E: Registered Agent signature res 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	date FICERS AND E	DIRECTOR	RS IN 12
SIGNATURE.  112.  1111.E  NAME  STREET ADDRESS CHY-ST-ZIP	Signature Typed or punted name of region OFFICES D GUILFORD, F.W. MORT 2222 PONCE DE LEON I	need agent and tree if applicable RS AND DIRECTORS  D  BLVD PENTHOUSE SUIT	(NOTE	E: Registered Agent signature restance  13.  1.1 TitlE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	quired when reinstating)	date FICERS AND E	DIRECTOR Change	RS IN 12
SIGNATURE.  12.  IIILE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME	Signature Typed or punted name of region OFFICES D GUILFORD, F.W. MORT 2222 PONCE DE LEON I	need agent and tree if applicable RS AND DIRECTORS  D  BLVD PENTHOUSE SUIT	(NOTE	E: Registered Agent signature re- 13. 1.1 TifUE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFUE	quired when reinstating)	date FICERS AND E	DIRECTOR Change	RS IN 12
SIGNATURE.  112.  1111.E  NAME  STREET ADDRESS  CITY-ST-7IP  TITLE  NAME  STREET ADDRESS  CITY-ST-7IP	Signature Typed or punted name of region OFFICES D GUILFORD, F.W. MORT 2222 PONCE DE LEON I	tored agent and tire if applicable RS AND DIRECTORS  D  BLVD PENTHOUSE SUIT	(NOTE  E  DELETE	E: Registered Agent signature re  13.  1.1 TVILE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	quired when reinstating)	DATE FICERS AND D	Change  Change	IS IN 12 Addition
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