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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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Mar 09 1998 8:00am
Secretary of State

THE GUILFORD GROUP, INC. Principal Place of Business 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134 US Mailing Address 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES FL 33134 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal F	Place of Business	2a. Mailing Address			01/29/1993 4. FEI Number			pplied For
21		26			65-0573983			ot Applicable
Suite, Apt	₩, elc.	Suite, Apl. #, etc.			5. Certificate of Status Desired			Additional leguired
City & Stat	le	City & State			6. Election Campaign Financing	П		May Be
Z _{ID}	Country	28 7ip	Coun	trv	Trust Fund Contribution 8. This corporation owes or has p	aid the cure		to Fees
24	25	29	30	,	Personal Property Tax due Juni	_	_ ' .	∐ No
	g. Name and Address of Curre				10. Name and Address of New R		Agent	
GL	JILFORD, F.W. MORT			1 Name				
	22 PONCE DE LEON BLVD		Įī	32 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
	INTHOUSE SUITE DRAL GABLES FL 33134		ŀ	33	· · · · · · · · · · · · · · · · · · ·			
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,) i	84 City		FL	85 Zip	Code
office or i agent. I a	to the provisions of Sections 607 05 registered agent, or both, in the State am familiar with, and accept the oblig	.02 and 607.1508, Florida Stal c of Florida. Such change wa galions of, Section 607.0505, I	tutes, the ab s authorized Florida Statu	ove-named co by the corpora tes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of opt the appo	changing ointment a	registered
SIGNATURE	Signature, bysed or printed name of mg stensd ag	pentacidac dapplicable (N	OTE Registered		rporation submits this statement for the ation's board of directors. I hereby accelulated when reinslating)	DATE		
SIGNATURE	Signature, typed or printed name of mg tenst ag	pent and discit applicable (N ND DIRECTORS	OTE Registered	Agent signature requ		DATE	DIRECTO	RS IN 12
SIGNATURE	Signature: Speed or printest regree of my sterest ago OFFICE HS AN	pentacidac dapplicable (N	OTE Registered	Apont signature requ	ulred when reinstating)	DATE		RS IN 12
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4. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this armual report or supplied under oath; that I am an officer or director of the corporation in 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 if changes are not attachment with an address.

SIGNATURE:

Frank W. Guilford, Jr.

(305) 446-8411