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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P93000039058 (1)

1. Corporation DE GU	ARDIOLA DEVELOPMENT	, INC.							
Principal Place of Business Mailing Address						T ADDRIOUS IND IPIDO DINO DOSA DOSA	<b>BO</b> III <b>BOID</b> O HII		
2111 MILITARY TRAIL JUPITER FL 33458 US		2111 MILITARY TRAIL JUPITER FL 33458 US							
					3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 02/08/1995			
2. Principal Pl. 21	ace of Business 2a. Mailing Address 26					4. FEI Number 65-0412085		<del>-</del> -	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	h			5. Certificate of Status Desired		•	Additional Required
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution			O May Be	
Zıp	Country 25	Zip 29	Zip Country			Trust Fund Contribution  Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes \[ \] No			
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
				81	Name			9	
CORPORATION COMPANY OF MIAMI THE ESPERANTE BUILDING				82	Street Addre	t Address (P.O. Box Number is Not Acceptable)			
222 LAKEVIEW AVE., SUITE 1000			Ī	83					
WEST PALM BEACH FL 33401			<u>:</u>	84	City		FL	<b>85</b> Zip	p Code
11. Pursuant to register familiar with SIGNATURE	to the provisions of Sections 607.05 ed agent, or both, in the State of Fic th, and accept the obligations of, Se	02 and 607.1508, Florida Statute orida. Such change was authorize oction 607.0505, Florida Statutes.	s, the above d by the co	/e-na orpor	amed corpora ration's board	tion submits this statement for the pur of directors. I hereby accept the appo	pose of cha pintment as	nging its r registered	egistered office agent. I am
12.	Signature, typod or printed name of registered agent and title if applied.  OFFICERS AND DIRECTO					when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIDCOTO	NO. M. 40
TITLE	PST	DELETE	1. 1 TITLE			ADDITIONS/CHANGES TO OFF		Change	Addition
NAME		DE ALLEDIAL L ARABAR		1.2 NAME			L	) onlinge	[] Addition
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CITY-ST-ZIP	WELLINGTON FL		1.4 CITY - ST - ZIP						
TITLE		☐ DELETE	2. 1 TITLE					Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		DORESS				
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NAME			62 NAP	ME					}
STREET ADDRESS			6 3 STR	EET AL	DDRESS				İ
CITY-ST-ZIP 6.4 C			6.4 CIT	Y-ST-	ZIP				
	y certify that the information supplies	d with this filing is voluntarily furnis	shed and d	loes	not qualify for	the exemption stated in Section 119.	07/3)(k), Flor	ida Statut	es. I further

oath; that I am an officer or prector of the corporation or the receiver or usteed in Section 119.07(3)(4), Florida Statutes. Further certify that the information indicated or 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 prector of the corporation or the corporation of the corporation

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-76 (407) 743-8482