SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000085766 (2) **DOCUMENT #** GUARDIAN INTERLOCK OF FLORIDA, INC. Principal Place of Business Mailing Address 550 GUS HIPP BOULEVARD 550 GUS HIPP BOULEVARD SUITE #1 SUITE #1 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3217116 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for initing-bje tax under s 199 032 Florida Statutes Yes X No 24 25 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SMITH, CHARLES E JR Charles E. Smith Street Address (P.O. Box Number is Not Acceptable)
550 Gu 933 YOR K-towne 550 GUS HIPP BOULEVARD SUITE #1 83 **ROCKLEDGE FL 32955** City 84 Rockled 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 accept the obligations of, Section 607.0505, Florida Statutes. lis E. Smith Charles E. Smith Prestident 4/24/96 OFFICERS AND DIRECTORS (3/96) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1 CUIDE NAME SMITH, CHARLES & JR 1.2 NAME CR2E034 550 GUS HIPP BLVD, STE 1 STREET ADDRESS 13 STREET ADDRESS ROCKLEDGE FL CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST - 7IP TIFLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELETE TITLE 41 HILE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 HILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE 61 THLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 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 119.07(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 tegal 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 organ attachment with an address.

SIGNATURE:

Malur. YMM Charles E. Sm GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/24/96

(407) 631-4580