

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000031688 (2)

1. Corporation Name

GUARD HILL CORP.

FILED
95 AUG -3 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2342 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL

Mailing Address

2342 SOUTH OCEAN BLVD.
HIGHLAND BEACH FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1994

3a. Date of Last Report

2. Principal Place of Business

21 same as above

2a. Mailing Address

26 same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0488783

Applied For

Not Applicable

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. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Peter W. Margolin, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

Margolin and Margolin

83

2424 N. Federal Highway, Suite 450

84 City

Boca Raton,

85 Zip Code

FL

33431

11. Pursuant to the provisions of Sections 607.0562 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.

SIGNATURE

Signature of person named in 9. (If registered agent, signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

7.18.95

12. OFFICERS AND DIRECTORS

TITLE	DPVS
NAME	KALMAN, ERNEST
STREET ADDRESS	2342 SOUTH OCEAN BLVD.
CITY - ST - ZIP	HIGHLAND BEACH FL
TITLE	
NAME	KALMAN, ERNEST
STREET ADDRESS	2342 SOUTH OCEAN BLVD.
CITY - ST - ZIP	HIGHLAND BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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)(b), 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 if changed, or on an attachment with an address.

SIGNATURE:

ERNEST KALMAN, PRESIDENT AND OFFICER OR DIRECTOR

7.18.95

Date

(Signature Name)

CR2E034 (3/95)