FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

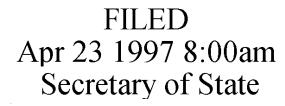
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000084372 (7)

THE GUERARD GROUP, INC.

Principa'	Place	O ⁴	Business

Mailing Address





Trincipa Frace o Edulinosa Maling Aboresa									
1565 SE CROWBERRY DR PT ST LUCIE FL 34983			1565 SE CROWBERRY DR PT ST LUCIE FL 34983-4074						
					3. Date Incorporated or Qualified 10/10/1996	3a. Date	of Last F	Report	
2. Principal Place	of Business	2a. N	Mailing Address			4. FEI Number	D)	I	pplied For
21		26				65-011810		N	ot Applicable
Suite Apt. # et	Suite Apt. # etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Req			
City & State	***************************************		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zφ	Country		'ip	Countr	y	8. This corporation has liability for i			s. 199.032,
24	25	[29]		30			Yes		
	Name and Address of Cu	rrent Hegiste	rea Agent	81	Name	10. Name and Address of New Re	Jistereo Ag	jeni	
NAIMO,				*'	Ivaine				
1565 SE CROWBERRY DR PT ST LUCIE FL 34983				82		iress (P.O. Box Number is Not Acceptab	le)		
				63					
				84	City			85 Zip	Code
 					<u> </u>		FL		
office or regist	e provisions or accions our tered agent, or both, in the S miliar with, and accept the o	tate of Florida bligations of, \$. Such change was Section 607.0505. F	s authorized b Florida Statute	y the corpora	poration submits this statement for the pation's board of directors. I hereby accep	t the appoir	ntment as	s registered
SIGNATURE	tur Typed or project name of registers					alted when reinstating)	DATE		,
12	OFFICERS	AND DIRECT	ORS	13.	io it arginatino taqu	ADDITIONS/CHANGES TO OFFICE		IRECTO	RS IN 12
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STREET ADDRESS				•	T ADDRESS				
1									
CITY - ST - ZiP				6.4 CiTY -	51-41 I				

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of changed, or on an attachment with an address.

SIGNATURE:

CHATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

4.15.97 8.78

378-5004