

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

FILED

**Apr 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000084372 (7)
1. Corporation Name
THE GUERARD GROUP, INC.



Principal Place of Business: 1565 SE CROWBERRY DR PT ST LUCIE FL 34983
Mailing Address: 1565 SE CROWBERRY DR PT ST LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1996

4. FEI Number: 65-0718120 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 3120 N AIA Suite, Apt. #, etc. 22 # 1101 City & State 23 Ft Pierce, FL Zip 24 34949 Country 25 FL

2a. Mailing Address: 26 3120 N AIA Suite, Apt. #, etc. 27 # 1101 City & State 28 Ft Pierce, FL Zip 29 34949 Country 30 FL

9. Name and Address of Current Registered Agent: NAIMO, GAIL 1565 SE CROWBERRY DR PT ST LUCIE FL 34983

10. Name and Address of New Registered Agent: 81 Name: G W HOWARD 82 Street Address (P.O. Box Number is Not Acceptable): 3120 N AIA #1101 83 City: Ft Pierce FL 84 Zip Code: 34949

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.

SIGNATURE: [Signature] DATE: 4/1/98

12. OFFICERS AND DIRECTORS

TITLE	VPPA	<input type="checkbox"/> DELETE
NAME	NAIMO, GAIL	
STREET ADDRESS	1565 SE CROWBERRY	
CITY-ST-ZIP	PSL FL	
TITLE	President	<input type="checkbox"/> DELETE
NAME	G W HOWARD	
STREET ADDRESS	3120 N AIA #1101	
CITY-ST-ZIP	Ft Pierce, FL 34949	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] #1/198 561-466-9335

CR2E004 (10/97)