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

Apr 29 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000095438 (3) **GUARDIAN PROPERTIES. INC.** Mailing Address Principal Place of Business 25 SECOND STREET NORTH #360 25 SECOND STREET NORTH #360 ST. PETERSBURG FL 33701-3362 ST. PETERSBURG FL 33701 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HARRELL, ROY G ONE PROGRESS PLAZA - BARNETT TOWER Street Address (P.O. Box Number is Not Acceptable 82 200 CENTRAL AVENUE - SUITE 2300 83 ST. PETERSBURG FL 33701 85 Zip Code 84 City of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to be appointment as registered to accept the accept the accept to accept t office or registered ager agent. I am familiar with rin of registered agent and title if applicab 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELETE Change 1.1 TITLE THLE HUTTON, ELIZABETH NAME 1.2 NAME CR2E034 25 SECOND STREET NORTH #360 STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBURG FL 33701 1.4 CITY - ST-ZIP OTY - ST - 202 DELETE Change Addition THE 2.1 TITLE VANBUTSEL, MICHAEL R 2.2 NAME 25 SECOND STREET NORTH #360 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 2 4 CITY-ST-ZIP CITY-ST-7IF DELETE THEF 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP City - St - 7IP DELETE Addition 4.1 TITLE THUE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP City - ST-ZiF 3000051e3023 Addition DELETE 61 TITLE 101.0 6.2 NAME -05/02/97--01044--035 NAMI 6.3 STREET ADDRESS STREET ADDRESS ***165.00 6.4 CITY - \$T - ZIP

14. I do hereby certify that the information supplied with this filling 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

SIGNATURE:

appears in Block 12 or Block 13 if change

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/25/47 Oate

Daytime Prione #

FILED