

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000102382 (4)

1. Corporation Name
GUARDIAN SOLUTIONS, INCORPORATED

Principal Place of Business
3551 BONITA BAY BLVD
BONITA SPRINGS FL 34134

Mailing Address
3551 BONITA BAY BLVD
BONITA SPRINGS FL 34134-1624



3. Date Incorporated or Qualified 12/19/1996	3a. Date of Last Report
4. FEI Number 56-1775555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

FINN, DONALD E
3551 BONITA BAY BLVD
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent

81 Name
Diane Royer-Vance
82 Street Address (P.O. Box Number is Not Acceptable)
3551 Bonita Bay Blvd.
83
84 City
Bonita Springs FL 85 Zip Code
34134

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 Diane E. Royer-Vance Diane Royer-Vance 4/17/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Donald E. Finn
STREET ADDRESS		1.3 STREET ADDRESS	3551 Bonita Bay Blvd.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Jeff Rolquin
STREET ADDRESS		2.3 STREET ADDRESS	3551 Bonita Bay Blvd.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Diane Royer-Vance
STREET ADDRESS		3.3 STREET ADDRESS	3551 Bonita Bay Blvd.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Gail P. Shaw
STREET ADDRESS		4.3 STREET ADDRESS	3551 Bonita Bay Blvd.
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: Gail P. Shaw Gail P. Shaw, Treasurer 4/17/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000420

CR2E034 (9/96)