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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700009402 (3)

DOLLAR GUARD, INC.

Principal Place of Business

Mailing Address

## FILED May 11 1998 8:00am Secretary of State



18439 N.W. 9TH COURT PEMBROKE PINES FL 33029			18439 N.W. 9TH COURT PEMBROKE PINES FL 33029				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/27/1997
_	lpal Place of Busin	ness	2a. Mailing Address				4. FEI Number Applied For
21			26				65-0725718 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required
City & 23	& Stale		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24		Country Z(p Cou			intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\simega\) No
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent
WOLL, DANIEL 81						Name	
	18439 N.W. 9	ITH COURT			82	Street Ac	dress (P.O. Box Number is Not Acceptable)
PEMBROKE PINES FL 33029					83		
					84	City	FL 85 Zip Code
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.							
SIGNATI	URE	or printed name of registered agent	Lange thin if any banks	OTE: Dominion	d 600	ol signal iro se	quired when reinstating) DATE
12.	Signature, typeo	OFFICERS AND		13.	u Age	ant erginature re-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	l D	07170171071107	DELETE	1.1 T(	TLE		Change Addition
NAME	WOLL.	DANIEL R	<del></del>	1.2 NAME			
STREET ADD	40400	N.W. 9TH COURT				ADDRESS	
CITY-ST-Ž	DEMOD	OKE PINES FL 33029		- 1	1.4 CITY-ST-ZIP		
TITLE	ס ו		DELETE				Change Addition
NAME	WOLL,	JULIE R		22 N	AME	į	
STREET ADE		N.W. 9TH COURT		2.3 S1	TREET	ADDRESS	,
CITY-ST-Z	<sub>IP</sub> PEMBR	OKE PINES FL 33029		2.40	ITY-S	ST-ZIP	
TITLE			DELETE	3.1 TI	TLE		Change Addition
NAME				3.2 N	AME		
STREET ADE	DRESS			3.3 S1	TREET	ADDRESS	
CITY-ST-Z	IP .			3.4. C	ITY-S	ST-ZIP	
TITLE			DELETE	4.1 TI	TLE		Change Addition
NAME				4.2 N	IAME		
STREET ADD	Dress			4.3 S1	TREET	ADDRESS	
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NAME				5.2 N		.	
					FREET	ADDRESS	
STREET ADO	ı					1	
CITY-ST-Z	ı		Driver	5.4 CI	ITY-S	T - <b>2</b> #P	Ohene I Million
CITY-ST-Z	ı		☐ DELETE	5.4 CI 6.1 TI	TY-S TLE	1	☐ Change ☐ Addition
CITY-ST-Z TITLE NAME	IP		☐ DELETE	5.4 CI 6.1 TI 6.2 No	ity-s Tle Ame	T- <b>Z</b> IP	Change Addition
CITY-ST-Z	DRESS .		☐ DELETE	5.4 CI 6.1 TI 6.2 N 6.3 ST	ITY - S TLE AME TREET	1	Change Addition

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.

Sor Lol Strake K, Call V27/9