

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90073 014 ***150.00

DOCUMENT # P97000055697

1. Corporation Name
BUSINESS LIFEGUARDS, INC.



Principal Place of Business
C/O GEORGE SHAUGHNESSY
1644 38TH AVE. N.
ST. PETERSBURG FL 33713-1920

Mailing Address
C/O GEORGE SHAUGHNESSY
1644 38TH AVE. N.
ST. PETERSBURG FL 33713-1920

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7451 PARK BLVD		26 POB 3035		06/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 101		27		59-3467653	
City & State		City & State		Applied For	
23 PINELLAS PARK FL		28 PINELLAS PARK FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33780-3035		29 33780-3035		30	
Country		Country		6. Election Campaign Financing	
25 PINELLAS		30		Trust Fund Contribution	
				7. \$8.75 Additional Fee Required	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				9. Yes 10. No	

9. Name and Address of Current Registered Agent

SHAUGHNESSY, GEORGE
1644 38TH AVE. N.
ST. PETERSBURG FL 33713-1920

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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, 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	P	1.1 TITLE	SPENDING
NAME	SHAUGHNESSY, GEORGE	1.2 NAME	
STREET ADDRESS	1644 38TH AVE. N.	1.3 STREET ADDRESS	SHAUGHNESSY (AS ABOVE)
CITY-ST-ZIP	ST. PETERSBURG FL 33713-1920	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

Date

727-527-7019

Daytime Phone #

CR2E034 (11/98)

0410495