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

FILED May 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P97000062049 (6) DUR-A-GUARD, INC. Principal Place of Business Mailing Address 5674 CORPORATE WAY 5674 CORPORATE WAY WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1997 Principal Place of Business 2a, Mailing Address FEi Number Applied For 65-0768409 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent EIFLER, LYNN 2919 N. MILITARY TRAIL #353 82 **WEST PALM BEACH FL 33409** 83 84 City flops 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered that the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of 4-27-98 SIGNATURE diagent and title diapply abit (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 DILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS

CITY-ST-ZIP 14. Thereby 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 supplied health 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 of th officer or director of the corporation Block 12 or Block 13 if charged or

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4-27-98

561-687-8445

Change

Addition