

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90078 025 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000019567

1. Corporation Name
GUARDIAN SYSTEMS, INC.



Principal Place of Business
**2702 SW EDGARCE AVE
 PORT ST LUCIE FL 34953**

Mailing Address
**2702 SW EDGARCE AVE
 PORT ST LUCIE FL 34953**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1998

4. FEI Number
65-0817774

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **1943 SW Biltmore St**

2a. Mailing Address
 26 **1943 SW Biltmore St**

22 Suite, Apt. #, etc.

23 City & State
Port St Lucie, FL

24 Zip
34984

27 Suite, Apt. #, etc.

28 City & State
Port St Lucie, FL

29 Zip
34984

30 Country

9. Name and Address of Current Registered Agent

**COOK, JOHN R
 202 NW 5TH AVE
 OKEECHOBEE FL 34972**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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.

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 DELETE

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BYRD, JIMMY SR	
STREET ADDRESS	2702 SW EDGARCE AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICH R	
STREET ADDRESS	2449 WASHINGTON ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2623 SE 30th Street
1.4 CITY-ST-ZIP	Okeechobee, FL 34974
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S Sheryl S. Byrd
3.3 STREET ADDRESS	2623 SE 30th St.
3.4 CITY-ST-ZIP	Okeechobee, FL 34974
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T Terry Jones
4.3 STREET ADDRESS	101 Berger St
4.4 CITY-ST-ZIP	FT Pierce, FL 34945
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: **JIMMY S. BYRD**

1-29-99 561-879-1157

CR2E034 (1/98)