

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90186 033 ***150.00

DOCUMENT # P98000073484

1. Corporation Name
GUARDIAN ASSURANCE GROUP, INC.

Principal Place of Business
6272 68TH AVENUE NORTH
PINELLAS PARK FL 33781

Mailing Address
6272 68TH AVENUE NORTH
PINELLAS PARK FL 33781

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1998

4. FEI Number

59-3528833

Applied For

Not Applicable

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 13575-58TH ST. N., STR. 175

Suite, Apt. #, etc.

22 CLEARWATER, FL.

City & State

23 33760 U.S.A.

Zip

Country

24

25

2a. Mailing Address

26 13575-58TH ST. N.

Suite, Apt. #, etc.

27 Suite 175

City & State

28 CLEARWATER, FL.

Zip

Country

29 33760

30

U.S.A.

9. Name and Address of Current Registered Agent

TROCKI, PAUL K
6272 68TH AVENUE NORTH
PINELLAS PARK FL 33781

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

Paul K. Trocki

(NOTE: Registered Agent signature required when reinstating)

DATE

5-11-99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME PAUL K. TROCKI

STREET ADDRESS 6272 68TH AVE. N.

CITY-ST-ZIP PINELLAS PARK, FL. 33781

TITLE VICE-PRESIDENT ☐ DELETE

NAME VINCENT R. BRENNAN

STREET ADDRESS 1045 14TH AVE. N.

CITY-ST-ZIP ST. PETERS BURG, FL. 33705

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Paul K. Trocki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-99

Date

(727) 538-7716

Daytime Phone #

CR2E034 (11/98)

0423207