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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

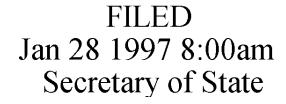
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **\$77599**

(6)

KERRY D. FITZGERALD, GUARDIAN, INC.



Principal Place of Business Mailing Address										
815 MIDDLE RIVER DR			815 MIDDLE RIVER DR							
#107 FT LAUDERDALE FL 33304			#107 FT LAUDERDALE FL 33304-3503							
	·						3. Date Incorporated or Qualified 08/29/1991		ate of Last F 05/1996	Report
2. Principal P	lace of Business	28.	Mailing Address				4. FEI Number	L	L A	pplied For
21		26					65-0286198		N	lot Applicable
Suite, Apt.	#, etc.	ļ	Suite. Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State	0	27	City & State				<u> </u>			tequired
23	c	28	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	20	Zip	Co	untry		8. This corporation has liability for			
24	25		30		ĺ		Florida Statutes Yes No		s. 100.00E,	
	9. Name and Address of Curre		tered Agent		<u> </u>		10. Name and Address of New F	Registered	Agent	
FITZ	'GERALD, KERRY D.				81	Name				
815 MIDDLE RIVER DR			82 Street Ad			Street Addre	ess (P.O. Box Number is Not Accept	able)		
j #10	-									
FT I	LAUDERDALE FL 33304				83					
					84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 6	D7.1508. Florida Statu	ites the		a-named corp	oration submits this statement for the	purpose of	channing i	its registered
office or r	egistered agent, or both, in the Sta	le of Florid	da. Such change was	authorize	ed by	the corporati	on's board of directors. I hereby acc	ept the app	ointment as	s registered
SIGNATURE										
12.	Signature, typed or proved name of registined a OFFICERS A			TE: Register		ent signature require	io when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIDECTO	OC IN 12
TILE	D OT FIOLING A	IND DINC	DELETE		TITLE		ADDITIONS/CHANGES TO OFF	IUENS AND	Change	Addition
NAME	FITZGERALD, KERRY D.		bed Date.	H	NAME				Land Control	
STREET ADDRESS	815 MIDDLE RIVER DR #107	7		B		ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL				CITY-S					
Title			☐ DELETE		TITLE				☐ Change	☐ Addition
NAME				2.21	NAME					
STREET ADDRESS			•	2.3	STREET	ADDRESS				
CITY - S1 - ZIP				2 4	City-5	ST-ZIP				
TIT.E			DELETE	3.1	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME				3.21	NAME					
STREET ADDRESS				3.33	STREET	ADDRESS				
CITY - S1 - ZIP					CITY-S	ST-ZIP				
FITLE			☐ DELETE	4.1	TITLE				☐ Change	Addition
have					NAME					
STREET ADDRESS						ADDRESS				
CiTy - ST - ZiP			AF, ETC	_	CITY-S	T-21P			1 04	1 1 1 1 1 1 1 1
TITLE			☐ DELETE		TITLE				☐ Change	Addition
VANE					NAME 					
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP TITLE		·····	DELETE		CITY - S TITLE	1 - ZIP			Change	Addition
NAME					HAME				mi ouguye	L.J riguitisti

14. I do 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. **SIGNATURE:**

STREET ADDRESS

CITY - \$1 - ZIP

6.3 STREET ADDRESS