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Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **374974** **(4)**

1. Corporation Name
UNITED STATES WARRANTY CORP.

Principal Place of Business	Mailing Address
1801 E. ATLANTIC BLVD POMPANO BEACH FL 33060	1801 E. ATLANTIC BLVD POMPANO BEACH FL 33060-6754

3. Date Incorporated or Qualified: **12/29/1970**
3a. Date of Last Report: **02/19/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1651866** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS,W F
1801 E ATLANTIC BLVD
POMPANO BCH. FL 33060

10. Name and Address of New Registered Agent

81 Name: Mark A. Macek
82 Street Address (P.O. Box Number is Not Acceptable): 1801 E. Atlantic Blvd.
83:
84 City: Pompano Beach FL 85 Zip Code: 33060

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: Mark A. Macek — 4/23/97
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, WILLIAM F.		1.2 NAME		
STREET ADDRESS	1801 E ATLANTIC BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH. FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, LORI A.		2.2 NAME		
STREET ADDRESS	2221 CYPRESS ISLAND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP		
TITLE	VTD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAUSER, KENNETH R.		3.2 NAME		
STREET ADDRESS	5310 PIERCE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MACEK, MARK A.		4.2 NAME		
STREET ADDRESS	301 SE 6 CT.		4.3 STREET ADDRESS	2700 SE 6th Street	
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Lori A. Silverman — 4/23/97 — 954-784-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #