

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J89208 (9)**
1. Corporation Name
NATION WARRANTY CORPORATION



Principal Place of Business: **2345 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409**
Mailing Address: **2345 OKEECHOBEE BLVD. 11780 U.S. HIGHWAY ONE, SUITE 300 WEST PALM BEACH FL 33409 US**

3. Date Incorporated or Qualified: **08/25/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country
2a. Mailing Address: 26 **2345 Okeechobee Blvd.**
27 Suite, Apt. #, etc.
28 **West Palm Beach, FL**
29 **33409** 30 **U.S.**

4. FEI Number: **65-0007064**
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

**FHS CORPORATE SERVICES INC.
11780 U.S HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUILLO, ROBERT	
STREET ADDRESS	2345 OKEECHOBEE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	CUILLO, BOB S	
STREET ADDRESS	2345 OKEECHOBEE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
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	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33409	
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	A/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Semenoro, Caryl	
3.3 STREET ADDRESS	2345 Okeechobee Blvd.	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
4.1 TITLE	A/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hotary, Michael	
4.3 STREET ADDRESS	2345 Okeechobee Blvd.	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
5.1 TITLE	A/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CUILLO, ROBERT A.	
5.3 STREET ADDRESS	2345 OKEECHOBEE BLVD.	
5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michael Hotary* **Michael Hotary** 4-29-96 (407) 478-3509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)