

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # M00106 (8)

1. Corporation Name

UNIVERSAL WARRANTY CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:20

Principal Place of Business

2000 PALM BEACH LAKES BLVD.
SUITE 500
W. PALM BCH. FL 33409

Mailing Address

2000 PALM BEACH LAKES BLVD.
SUITE 500
W. PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/03/1984	3a. Date of Last Report 04/22/1994
4. FEI Number 59-2413665	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	

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

9. Name and Address of Current Registered Agent

**HERRING, HERBERT F.
2000 PALM BEACH LAKES BLVD.
SUITE 500
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE		☐ Change ☐ Addition
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY- ST- ZIP	1.4 CITY- ST- ZIP		
TITLE	2.1 TITLE		☐ Change ☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY- ST- ZIP	2.4 CITY- ST- ZIP		
TITLE	3.1 TITLE		☐ Change ☐ Addition
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY- ST- ZIP	3.4 CITY- ST- ZIP		
TITLE	4.1 TITLE		☐ Change ☐ Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY- ST- ZIP	4.4 CITY- ST- ZIP		
TITLE	5.1 TITLE		☒ Change ☐ Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS	8456 Linden Way	
CITY- ST- ZIP	5.4 CITY- ST- ZIP	Lake Worth, FL 33467	
TITLE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY- ST- ZIP	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 110.07(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 addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

1-30-95

(407) 478-2440

(Name)

(Signature) (Name)