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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90035 032 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00106

1. Corporation Name
UNIVERSAL WARRANTY CORPORATION

Principal Place of Business
2090 PALM BEACH LAKES BLVD
SUITE 200
W. PALM BCH. FL 33409

Mailing Address
2090 PALM BEACH LAKES BLVD
SUITE 200
W. PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1984

4. FEI Number

59-2413666

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, PATRICIA B
2235 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

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

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 DV ☐ DELETE
NAME GERSTNER, BOB
STREET ADDRESS 2090 P.B. LAKES BLVD., #200
CITY-ST-ZIP WEST PALM BEACH FL 33409

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME FRYE, GLEN
STREET ADDRESS 2090 P.B. LAKES BLVD., #200
CITY-ST-ZIP WEST PALM BEACH FL 33409

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DEAN, ROGER
STREET ADDRESS 2235 OKEECHOBEE BLVD.
CITY-ST-ZIP WEST PALM BCH. FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME DEAN, PATRICIA B
STREET ADDRESS 2235 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33409

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DS ☐ DELETE
NAME BARKMAN, MICHELE
STREET ADDRESS 2090 P.B. LAKES BLVD., #200
CITY-ST-ZIP WEST PALM BCH. FL 33409

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DCFO ☐ DELETE
NAME FRYE, GLEN
STREET ADDRESS 2090 PALM BEACH LAKES BLVD #200
CITY-ST-ZIP W. PALM BCH. FL 33409

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)