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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90040 028 ***158.75

1. Corporation	MENT # M17220 X AMERICAN WARRANTY CO		ANY, INC.									1
Principal Place	e of Business	М	ailing Address					i iddiden in indir et fir it fir et fir et fir et fir et	ALL MAILS ASSESS DAI	61615 61611	81811 81811 1881	
6303 BLUE LAG			03 BLUE LAGOON DR.									
225	500N 5N.	22					1					
MIAMI FL 33126			MIAMI FL 33126					DO NOT WRI	TE IN THIS	SPACE		
US		US	3					3. Date Incorporated or Qualifed				
	<u> </u>							06/25/1985		 		
2. Principal Pl	ace of Business	2a.	Mailing Address					4. FEI Number			plied For	
21	<u> </u>	26						59-2551669			t Applicable	
Suite, Apt.	#, etc.	_	Suite, Apt. #, etc.					5-ECertificate:of:Status:Desired-	_X	\$8.75	Additional equired	
22		27					-				 -	,
City & State		Ь.,	City & State					6. Election Campaign Financing		\$5.00 Added	May Be	
23		28		C				Trust Fund Contribution			io rees	
Zip	Country		Zip	Coun 1	шy		Ì	This corporation owes the curr Personal Property Tax.	ent year inta	Yes	□No	
24	25	29	30					10. Name and Address of New F	Registered A			
	9. Name and Address of Current	Regis	stered Agent		81	Name		IV. Hame and realises of Hear		- 3		
SPE	NCER, THOMAS R., JR.			<u> </u>	82							'
801 BRICKELL AVENUE						Street Ad	Address	s (P.O. Box Number is Not Accepta	able)			
SUITE 1901											_	÷
	VII FL 33131				83							
	,			1	84	City			Fi	85 Zip	Code	
office or n agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations of the obligation of the state of the obligation of the state of the obligation of the state of the s	of Flori ions of	da. Such change was author, Section 607.0505, Florida	orized Statut	by t	ne corpora	pration s	s board of directors. I hereby acception from the stating in the s	ot the appoin	tment as re	gistered	
12.	OFFICERS ANI			13.	goni	. Digitalian in the		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	86
TITLE	PD DELETE			1.1 TITL	E				_	Change	☐ Addition	CR2E034 (11/98)
NAME	BROOKS, R. STEVEN		1.2 N								1	¥
STREET ADDRESS	5740 SW 130 TERRACE			1.3 STR	S STREET ADORESS						ſ	Ö
	MIAMI FL			1.4 CITY	Y-ST	-7IP						82
TITLE				2.1 TTL						☐ Change	☐ Addition	Ü
NAME	HURTUBISE, MELVIN J.	4		2.2 NAME		İ						
STREET ADDRESS	9735 N.W. 52ND ST.,#516	'		2.3 STREE		ADDRESS		a		<u> </u>		
CITY-ST-ZIP	MIAMI FL			2. 4 CITY		r-ZIP						
TITLE			☐ DELETE	3.1 TITL						Change	☐ Addition	
NAME				3.2 NAA	ÆΕ						1	
STREET ADDRESS	· · ·			3.3 STR	EET.	ADDRESS					}	
CITY-ST-ZIP	, -			3.4. ÇIT	Y-\$1	r-ziP						
TITLE			☐ DELETE	4.1 TITLE						☐ Change	Addition	
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STR	REET	ADDRESS				7		
CITY-ST-ZIP				4.4 CITY-		-ZIP			-			
TITLE	•		☐ DELETE	5.1 TITL	E			_		Change	Addition	
NAME				5.2 NAN	Æ							
STREET ADDRESS				5.3 STR	EET	ADDRESS				•		
CITY-ST-ZIP_				5.4 CIT		-ZIP						
TITLE			☐ DELETE	6.1 T/TL						☐ Change	☐ Addition	
NAME				6.2 NAM	Æ						[

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF CIRCLE OF DIRECTOR

THE UNIT WE SECRET ARY

4/19/99 (305) 266-5665