

**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

**FILED**  
Mar 05 1996 8:00 am  
Secretary of State

**DOCUMENT # P37142 (7)**  
1. Corporation Name  
**NATIONAL ELECTRONICS WARRANTY CORPORATION OF FLORIDA**



Principal Place of Business Mailing Address  
**44873 FALCON PLACE, SUITE 174 STERLING VA 20166 US** **44873 FALCON PLACE, SUITE 174 STERLING VA 20166 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/17/1992</b>	3a. Date of Last Report <b>04/19/1995</b>
21	22	23	24	4. FEI Number <b>54-1627746</b>	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>MEENAN, TIMOTHY 204 S. MONROE STREET TALLAHASSEE FL 32302-3068</b>				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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAUFELD, FREDERICK D.	2 NAME	<b>HORWATH, ROBERT D.</b>
STREET ADDRESS	44873 FALCON PLACE, #174	3 STREET ADDRESS	<b>44873 FALCON PLACE, #174</b>
CITY - ST - ZIP	STERLING VA 20166	4 CITY - ST - ZIP	<b>STERLING, VA 20166</b>
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NADER, ANTHONY P.	22 NAME	
STREET ADDRESS	44873 FALCON PLACE, #174	23 STREET ADDRESS	
CITY - ST - ZIP	STERLING VA 20166	24 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUFELD, KAREN G. S.	32 NAME	
STREET ADDRESS	44873 FALCON PLACE, #174	33 STREET ADDRESS	
CITY - ST - ZIP	STERLING VA 20166	34 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CLIFFORD A.	42 NAME	
STREET ADDRESS	44873 FALCON PLACE, #174	43 STREET ADDRESS	
CITY - ST - ZIP	STERLING VA 20166	44 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUFELD, MICHAEL E.	52 NAME	
STREET ADDRESS	44873 FALCON PLACE, #174	53 STREET ADDRESS	
CITY - ST - ZIP	STERLING VA 20166	54 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MYLES B.	62 NAME	
STREET ADDRESS	44873 FALCON PLACE, #174	63 STREET ADDRESS	
CITY - ST - ZIP	STERLING VA 20166	64 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: *Robert D. Horwath, Jr.* **Robert D. Horwath, Jr.** 2-28-96 703.318.7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)