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FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

Principal Place of Business: 44873 FALCON PLACE, SUITE 174, STERLING VA 20166, US
Mailing Address: 44873 FALCON PLACE, SUITE 174, STERLING VA 20166-9543, US



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

3. Date Incorporated or Qualified: 01/17/1992
3a. Date of Last Report: 03/05/1996
4. FEI Number: 54-1627746
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
MEENAN, TIMOTHY
204 S. MONROE STREET
TALLAHASSEE FL 32302-3088

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	PCD	<input type="checkbox"/> DELETE
NAME	SCHAUFELD, FREDERICK D.	
STREET ADDRESS	44873 FALCON PLACE, #174	
CITY-ST-ZIP	STERLING VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NADER, ANTHONY P.	
STREET ADDRESS	44873 FALCON PLACE, #174	
CITY-ST-ZIP	STERLING VA 20166	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHAUFELD, KAREN G. S.	
STREET ADDRESS	44873 FALCON PLACE, #174	
CITY-ST-ZIP	STERLING VA 20166	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WHITE, CLIFFORD A.	
STREET ADDRESS	44873 FALCON PLACE, #174	
CITY-ST-ZIP	STERLING VA 20166	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHAUFELD, MICHAEL E.	
STREET ADDRESS	44873 FALCON PLACE, #174	
CITY-ST-ZIP	STERLING VA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEINER, MYLES B.	
STREET ADDRESS	44873 FALCON PLACE, #174	
CITY-ST-ZIP	STERLING VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for 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.

SIGNATURE: [Signature] D. Hornath, Jr. 4/15/97 703.86.8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)