

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

**FILED**  
**May 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P37142 (7)**

1. Corporation Name  
**NATIONAL ELECTRONICS WARRANTY CORPORATION OF FLO RIDA**



Principal Place of Business <b>44873 FALCON PLACE, SUITE 174                  STERLING VA 20166                  US</b>	Mailing Address <b>44873 FALCON PLACE, SUITE 174                  STERLING VA 20166                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/17/1992</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	24 Zip	25 Country
21	22	26	27	24	25
23		28		30	
23 Zip		28 Zip		30 Country	
24		28		30	

4. FEI Number <b>54-1627746</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MEENAN, TIMOTHY                  204 S. MONROE STREET                  TALLAHASSEE FL 32302-3068</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
					<b>FL</b>

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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAUFELD, FREDERICK D.		1.2 NAME		
STREET ADDRESS	44873 FALCON PLACE, #174		1.3 STREET ADDRESS		
CITY-ST-ZIP	STERLING VA		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NADER, ANTHONY P.		2.2 NAME		
STREET ADDRESS	44873 FALCON PLACE, #174		2.3 STREET ADDRESS		
CITY-ST-ZIP	STERLING VA 20166		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAUFELD, KAREN G. S.		3.2 NAME		
STREET ADDRESS	44873 FALCON PLACE, #174		3.3 STREET ADDRESS		
CITY-ST-ZIP	STERLING VA 20166		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, CLIFFORD A.		4.2 NAME		
STREET ADDRESS	44873 FALCON PLACE, #174		4.3 STREET ADDRESS		
CITY-ST-ZIP	STERLING VA 20166		4.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAUFELD, MICHAEL E.		5.2 NAME		
STREET ADDRESS	44873 FALCON PLACE, #174		5.3 STREET ADDRESS		
CITY-ST-ZIP	STERLING VA		5.4 CITY-ST-ZIP	<b>20166</b>	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	<b>HORVATH, ROBERT D.</b>	
STREET ADDRESS			6.3 STREET ADDRESS	<b>44873 FALCON PLACE #174</b>	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<b>STERLING VA 20166</b>	

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.

CR2E034 (10/97)