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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90098 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V63875**

1. Corporation Name  
**JOHN ALDEN SERVICE WARRANTY CORPORATION OF FLORIDA**

Principal Place of Business ATTN: (7828) 7300 CORP. CENTER DR MIAMI FL 33126-1208 US	Mailing Address ATTN: (7828) PO BOX 020270 MIAMI FL 33102-0270
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0362330</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	Director/Vice President/ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, GLENDON E	1.2 NAME	& Assistant Secretary
STREET ADDRESS	7300 CORPORATE CENTER DR	1.3 STREET ADDRESS	J. Kerry Clayton
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	100 Chase Manhattan Plaza, NY, NY 10005
TITLE	DVPS	2.1 TITLE	Director/President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE V WARDLOW	2.2 NAME	Benjamin M. Cutler, III
STREET ADDRESS	7300 CORPORATE CENTER DR	2.3 STREET ADDRESS	One Chase Manhattan Plaza
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	New York, NY 10005
TITLE	DVCF	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT L STANTON	3.2 NAME	Arie A. Fakkert
STREET ADDRESS	7300 CORPORATE CENTER DR	3.3 STREET ADDRESS	One Chase Manhattan Plaza
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	New York, NY 10005
TITLE	V	4.1 TITLE	Vice President & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY M REACH	4.2 NAME	J. Grover Thomas
STREET ADDRESS	7300 CORPORATE CENTER DR	4.3 STREET ADDRESS	One Chase Manhattan Plaza
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	New York, NY 10005
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL P ANDERSON	5.2 NAME	
STREET ADDRESS	7300 CORPORATE CENTER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	
TITLE	VP/T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEN A SPENCE	6.2 NAME	
STREET ADDRESS	7300 CORPORATE CENTER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	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)(l), 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: Gary M. Reach Vice President January 12, 1999 305/715/3256  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)