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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 681460 (2)
1. Corporation Name
FIRST AMERICAN WARRANTY CORPORATION OF FLORIDA



Principal Place of Business
% PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
TALLAHASSEE FL 32301
US

Mailing Address
3100 BROADWAY
SUITE 1000
KANSAS CITY MO 64111-2479
US

3. Date Incorporated or Qualified 08/07/1980
3a. Date of Last Report 05/01/1996
4. FEI Number 43-1263657
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	T	<input type="checkbox"/> DELETE
NAME	POINTER, JOHN D	
STREET ADDRESS	3100 BROADWAY, STE 1000	
CITY- ST- ZIP	KANSAS CITY, MO 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOKE, THORNTON II	
STREET ADDRESS	3100 BROADWAY, STE 1000	
CITY- ST- ZIP	KANSAS CITY MO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, RICHARD H	
STREET ADDRESS	77 LEMANS CT.	
CITY- ST- ZIP	PRAIRIE VILLAGE KS	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	RANDAL KENT ANDERSON	
STREET ADDRESS	3100 BROADWAY STE 1000	
CITY- ST- ZIP	KANSAS CITY MO	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOHLER, JOHN D	
STREET ADDRESS	3100 BROADWAY, STE 1000	
CITY- ST- ZIP	KANSAS CITY MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLFERTY, KENNETH J	
STREET ADDRESS	3100 BROADWAY, STE 1000	
CITY- ST- ZIP	KANSAS CITY MO	

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 checked="" type="checkbox"/> Addition
3.2 NAME	JAMES W. KAPP, JR.
3.3 STREET ADDRESS	1000 WALNUT, SUITE 1400
3.4 CITY- ST- ZIP	KANSAS CITY, MO 64106
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 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.

SIGNATURE: John D. Pointer John D. Pointer 4/17/97 (816) 531-7668
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)