


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1980	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 43-1263657	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Y <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POINTER, JOHN D	1.2 NAME	
STREET ADDRESS	3100 BROADWAY, STE 1000	1.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY, MO 0	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, THORNTON II	2.2 NAME	
STREET ADDRESS	3100 BROADWAY, STE 1000	2.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPP JR, JAMES W	3.2 NAME	
STREET ADDRESS	1000 WALNUT STE 1400	3.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDAL KENT ANDERSON	4.2 NAME	
STREET ADDRESS	3100 BROADWAY STE 1000	4.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHLER, JOHN D	5.2 NAME	
STREET ADDRESS	3100 BROADWAY,STE 1000	5.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLFERTY, KENNETH J	6.2 NAME	Edward A. Wiegner
STREET ADDRESS	3100 BROADWAY, STE 1000	6.3 STREET ADDRESS	3100 Broadway
CITY-ST-ZIP	KANSAS CITY MO	6.4 CITY-ST-ZIP	Kansas City MO 64111

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.

SIGNATURE:

[Signature]

4/9/98

(816) 531-7418

CR2E034 (10/97)