FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000002485 (0)**

1. Corporation Name
HOME BUYERS WARRANTY CORPORATION

Principal Place of Business	Mailing Address
2675 S. ABILENE ST. AURORA CO 80014	2675 S. ABILENE ST. AURORA CO 80014-2319

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report: 04/23/1996

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

4. FEI Number: 84-0933217 ☐ 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

C.T. CORPORATION SYSTEM
1200 S. 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

100002236031--6
-07/11/97--01075--014
****165.00 ****165.00

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MABRY, GARY		1.2 NAME		
STREET ADDRESS	1728 MONTREAL CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA 30084		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAIL, CHARLES		2.2 NAME		
STREET ADDRESS	1728 MONTREAL CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TUCKER GA 30084		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	Secretary, Director	☒ Change ☐ Addition
NAME	CONNELLY, KATHLEEN		3.2 NAME	Kathleen Connelly	
STREET ADDRESS	2675 S. ABILENE ST.		3.3 STREET ADDRESS	2675 S. ABILENE ST.	
CITY-ST-ZIP	AURORA CO		3.4 CITY-ST-ZIP	AURORA CO.	
TITLE	TSD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LIKES, I. LEROY		4.2 NAME		
STREET ADDRESS	2675 S. ABILENE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA CO		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLDEN, RALPH		5.2 NAME		
STREET ADDRESS	2675 S. ABILENE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	AURORA CO 80014		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	Chief Financial Officer	☐ Change ☒ Addition
NAME	BONHAM, ROBERT		6.2 NAME	Michael G. Bartosch	
STREET ADDRESS	2313 N. ATLANTIC BLVD.		6.3 STREET ADDRESS	2675 S. Abilene St	
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-ST-ZIP	Aurora, CO 80126	

CR2E034 (9/96)

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 Michael G. Bartosch 6/30/97