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FILED

Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000002485 (0)

1. Corporation Name
HOME BUYERS WARRANTY CORPORATION

Principal Place of Business
2675 S. ABILENE ST.
AURORA CO 80014

Mailing Address
2675 S. ABILENE ST.
AURORA CO 80014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when re-installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MABRY, GARY
STREET ADDRESS 1728 MONTREAL CIR.
CITY-ST-ZIP TUCKER GA 30084

1.1 TITLE PRESIDENT
1.2 NAME WALLACE E. FLUHR
1.3 STREET ADDRESS 2675 S. ABILENE ST
1.4 CITY-ST-ZIP AURORA, CO 80014

TITLE VD
NAME NAIL, CHARLES
STREET ADDRESS 1728 MONTREAL CIR.
CITY-ST-ZIP TUCKER GA 30084

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME CONNELLY, KATHLEEN
STREET ADDRESS 2675 S. ABILENE ST.
CITY-ST-ZIP AURORA CO

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CFO
NAME BARTOSCH, MICHAEL G
STREET ADDRESS 2675 S. ABILENE STREET
CITY-ST-ZIP AURORA CO 80126

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME HOLDEN, RALPH
STREET ADDRESS 2675 S. ABILENE ST.
CITY-ST-ZIP AURORA CO 80014

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BONHAM, ROBERT
STREET ADDRESS 2313 N. ATLANTIC BLVD.
CITY-ST-ZIP POMPANO BEACH FL 33062

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 REQUIRED

1/9/97 (309) 368-4805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

US 18473

CR2E034 (1097)