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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002485**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/12/1994

4. FEI Number: 84-0933217 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLUHR, WALLACE E.		1.2 NAME	
STREET ADDRESS	2675 S. ABILENE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	AURORA CO 80014		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	SD	☒ DELETE	3.1 TITLE	ASSISTANT SECRETARY ☐ Change ☒ Addition
NAME	CONNELLY, KATHLEEN		3.2 NAME	MICHAEL G. BARTOSCH
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 80014
TITLE	CFO	☒ DELETE	4.1 TITLE	CFO ☐ Change ☒ Addition
NAME	BARTOSCH, MICHAEL G		4.2 NAME	REBA ROGERS
STREET ADDRESS	2675 S. ABILENE STREET		4.3 STREET ADDRESS	2675 S. ABILENE ST
CITY-ST-ZIP	AURORA CO 80126		4.4 CITY-ST-ZIP	AURORA, CO 80014
TITLE	D	☒ DELETE	5.1 TITLE	CEO ☐ Change ☒ Addition
NAME	HOLDEN, RALPH		5.2 NAME	GARY MABRY
STREET ADDRESS	2675 S. ABILENE ST.		5.3 STREET ADDRESS	1728 MONTREAL CR
CITY-ST-ZIP	AURORA CO 80014		5.4 CITY-ST-ZIP	TUCKER, GA 30084
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BONHAM, ROBERT		6.2 NAME	
STREET ADDRESS	2313 N. ATLANTIC BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Reba C. Rogers REBA C. ROGERS CFO (303)368-4805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #