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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G53352** (2)

1. Corporation Name

PREFERRED BUILDERS WARRANTY CORPORATION

Principal Place of Business

4700 N W 2ND AVE #202
BOCA RATON FL 33431

Mailing Address

4700 N W 2ND AVE #202
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1983

3a. Date of Last Report

01/26/1994

4. FEI Number

59-2334471

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBBART, PAMELA
4700 NW 2ND AVE
#202
BOCA RATON FL 33431

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HUBBART, PAMELA
4700 NW 2ND AVE.
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
SHAW, DANNY J
4700 NW 2ND AVE
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
YARBOROUGH, HAROLD
15140 WHETSTONE WAY
FT LAUDERDALE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
WAAS, RICHARD
5582 MW 79TH AVENUE
MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
JAMES ROBERTSON
1360 N W 33RD STREET
POMPANO BEACH, FL 33064

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Pamela Hubbard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95

Date

407-994-2017

Daytime Phone #