FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J89208** **(9)**

1. Corporate Name
NATION WARRANTY CORPORATION

Principal Place of Business
2345 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409

Mailing Address
2345 OKEECHOBEE BLVD.
11780 U.S. HIGHWAY ONE, SUITE 300
WEST PALM BEACH FL 33409
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1987
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: 65-0007064 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Electronic Campaign Finance (by Trust Fund Contribution) ☐ — $5.00 May Be Added to Fees
8. The corporation has authority to manage as provided in Section 607.0505 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FHS CORPORATE SERVICES INC.
11780 U.S HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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 power granted by Section 607.0505 Florida Statutes, the corporation hereby submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent of the corporation as changed by this statement are as follows:

(SIGNATURE)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUILLO, ROBERT
ADDRESS	2345 OKEECHOBEE BLVD.
CITY	WEST PALM BEACH FL
TITLE	PST
NAME	CUILLO, BOB S
ADDRESS	2345 OKEECHOBEE BLVD.
CITY	WEST PALM BEACH FL

13. ADDITIONAL NAMES OF OFFICERS AND DIRECTORS

☐ Change ☐ Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer 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 in compliance with Section 607.0505, Florida Statutes.

SIGNATURE: Robert Cuillo 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0240023 CP