

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L22114** (7)
1. Corporation Name
WORLD WIDE WARRANTY CO.



Principal Place of Business: **6600 SW 57TH AVENUE MIAMI FL 33143**
Mailing Address: **6600 SW 57TH AVENUE MIAMI FL 33143**

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

3. Date Incorporated or Qualified: **10/10/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2675376**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing/Trust Fund Contribution: **\$8.75 Additional Fee Required**
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
8. **\$5.00 May Be Added to Fees**

g. Name and Address of Current Registered Agent: **BRYER, WARREN 6600 SW 57TH AVE MIAMI FL 33143**

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 607.009(2) and 607.1506, 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 607.009(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
DP	ABRAHAM, ANTHONY R. 6600 SW 57TH AVENUE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DS	ABRAHAM, THOMAS G. 6600 SW 57TH AVENUE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	D'ABBIERI, PHILIP 6600 SW 57TH AVENUE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPO	THOMAS, MALOUF 1700 E. HILLSBORO TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied is true 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 on an annual report with an address.

SIGNATURE: *Philip D'Abbiere* 3/22/96 305-4410100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)