

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76384 (1)

1. Corporation Name

EMPIRE WARRANTY CORPORATION

Principal Place of Business

Mailing Address

C/O MICHAEL E. MAROONE
8600 PINES BOULEVARD - P.O. BOX 83009
PEMBROKE PINES FL 33024

C/O MICHAEL E. MAROONE
8600 PINES BOULEVARD - P.O. BOX 83009
PEMBROKE PINES FL 33024



3. Date Incorporated or Qualified

05/29/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2715803

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAROONE, MICHAEL E.
8600 PINES BOULEVARD
PEMBROKE PINES 33024

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 607.0502, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (do not leave blank)

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

MICHAEL E. MAROONE

4-30-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME MAROONE, ALBERT E.
STREET ADDRESS 17915 FOXBOROUGH LANE
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 8600 PINES BOULEVARD
1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33024

TITLE STD ☐ DELETE
NAME MAROONE, MICHAEL E.
STREET ADDRESS 2665 HACKNEY ROAD
CITY-ST-ZIP FORT LAUDERDALE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 8600 PINES BOULEVARD
2.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33024

TITLE P ☐ DELETE
NAME MAROONE, MICHAEL E.
STREET ADDRESS 2665 HACKNEY RD
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 8600 PINES BOULEVARD
3.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33024

TITLE VPCF ☐ DELETE
NAME REESE, DONALD J.
STREET ADDRESS 2682 EDGEWATER COURT
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE VP ☐ DELETE
NAME HODGEN, BRADLEY N.
STREET ADDRESS 729 CRYSTAL COURT
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE VPGM ☐ DELETE
NAME GRAHAM, KENNETH
STREET ADDRESS 410 ALEXANDRIA CIRCLE
CITY-ST-ZIP FT LAUDERDALE FL

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Maroone

4-30-96

(954) 433-3300

Day

Daytime Phone #

CR2E034 (12/95)