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Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M00106 (8)

1. Corporation Name  
UNIVERSAL WARRANTY CORPORATION

Principal Place of Business  
2090 PALM BEACH LAKES BLVD  
SUITE 200  
W. PALM BCH. FL 33409

Mailing Address  
2090 PALM BEACH LAKES BLVD  
SUITE 200  
W. PALM BCH. FL 33409-6507



3. Date Incorporated or Qualified 05/03/1984  
3a. Date of Last Report 05/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2413666		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DEAN, PATRICIA B  
2235 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY	1.2 NAME	
STREET ADDRESS	1300 NORTH FEDERAL HWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DY <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITLEY, ROGER	2.2 NAME	
STREET ADDRESS	11300 NORTH FLORIDA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, ROGER	3.2 NAME	
STREET ADDRESS	2235 OKEECHOBEE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH. FL	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, PATRICIA B	4.2 NAME	
STREET ADDRESS	2235 OKEECHOBEE BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKMAN, MICHELE	5.2 NAME	
STREET ADDRESS	1026 BRIAN WAY	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BCH. FL	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, GLEN	6.2 NAME	
STREET ADDRESS	2090 PALM BEACH LAKES BLVD #200	6.3 STREET ADDRESS	
CITY - ST - ZIP	W. PALM BCH. FL 33409	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Michele Barkman* Michele Barkman 1-15-97 561-478-2440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)