

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M00106** (8)  
1. Corporation Name  
**UNIVERSAL WARRANTY CORPORATION**



Principal Place of Business <b>2090 PALM BEACH LAKES BLVD SUITE 200 W. PALM BCH. FL 33409</b>	Mailing Address <b>2090 PALM BEACH LAKES BLVD SUITE 200 W. PALM BCH. FL 33409</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>05/03/1984</b>
24		25		4. FEI Number <b>59-2413666</b> Applied For <input type="checkbox"/> Not Applicable
29		30		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

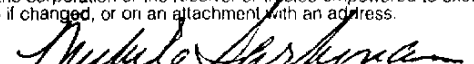
9. Name and Address of Current Registered Agent <b>DEAN, PATRICIA B 2235 OKEECHOBEE BLVD WEST PALM BEACH FL 33409</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. 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 re-registering) DATE \_\_\_\_\_

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

14. I 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** 1-13-98 561-478-2440

CR2E034 (10/97)