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Apr 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M78517 (3)

1. Corporation Name  
MECHANICAL WARRANTY PROTECTION, INC.

Principal Place of Business  
1-95 AND LINTON BLVD.  
P.O. BOX 9002  
DELRAY BEACH FL 33444  
US

Mailing Address  
1-95 AND LINTON BLVD.  
P.O. BOX 9002  
DELRAY BEACH FL 33447-9002  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 450 E. Las Olas Blvd.

27 Suite, Apt. #, etc.

28 Ste. 1200  
City & State  
Ft. Lauderdale, FL

29 33301 30 USA

3. Date Incorporated or Qualified  
04/28/1988

3a. Date of Last Report  
01/26/1996

4. FEI Number

65-0062054

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

9. Name and Address of Current Registered Agent

WALLACE, WILLIAM L.  
1-95 & LINTON BLVD.  
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Rd.  
83  
84 City Plantation FL 85 Zip Code 33324

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 *Barbara A. Burke* SPECIAL ASSISTANT SECRETARY DATE 3-7-97

12. OFFICERS AND DIRECTORS

TITLE	DPT	DELETE
NAME	WALLACE, WILLIAM L.	
STREET ADDRESS	P. O. BOX 9002	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VS	DELETE
NAME	SMITH, LEE	
STREET ADDRESS	1-95 & LINTON BLVD.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	AS	DELETE
NAME	YELVINGTON, PHILLIP E.	
STREET ADDRESS	1-95 & LINTON BLVD.	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	Change	Addition
1.2 NAME	William L. Wallace		
1.3 STREET ADDRESS	P.O. Box 9002		
1.4 CITY - ST - ZIP	DeLray Beach, FL		
2.1 TITLE		Change	Addition
2.2 NAME	Lee Smith		
2.3 STREET ADDRESS	1-95 + Linton Blvd.		
2.4 CITY - ST - ZIP	DeLray Beach, FL		
3.1 TITLE	JD	Change	Addition
3.2 NAME	Richard L. Handley		
3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200		
3.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301		
4.1 TITLE	D	Change	Addition
4.2 NAME	Thomas W. Hawkins		
4.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200		
4.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301		
5.1 TITLE	T	Change	Addition
5.2 NAME	Courtland Reddy		
5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200		
5.4 CITY - ST - ZIP	Ft. Lauderdale, FL 33301		
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 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: *Richard L. Handley* 3/12/97 951-713-5200

CR2E034 (9/96)