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

--- PROFIT _CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M78517

FILED 99 APR 26 AM 11: 19

SEGNETART OF STATE TALLAHASSEE, FLORIDA

	BO NOT WRITE IN THIS STACE
	3. Date Incorporated or Qualifed
Principal Place of Business 2a. Mailing Address	4. FET Number Applied For
11 PO Box 9002 26 110 SE 600 Street	65-0062054 Not Applicable
Suite Apt #, etc Suite, Apt #, etc 27 20 th Floor	5 Certificate of Status Desired [] \$8.75 Additional Fee Required
Delray Beach, FL 28 Ft. Lowderdale, FL	6 Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip Country Zip 3330 30 30 30	This corporation owes the current year Intangible Personal Property Tax Yes [] No.
9. Name and Address of Current Registered Agent	10 Name and Address of New Registered Agent
CT Corporation System 0 1 81 Name 82 Stept Adde	ss (P.O. Box Number is Not Acceptable)
1200 South Pine Island Kand 183	
Plantation, FL 33324 84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above name Longo office or registered agent or both in the State of Florida. Such change was authorized by the corporative agent 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. 	iration submits this statement for the purpose of changing its registered als board of directors. Thereby accept the appointment as registered.
NONATURE	

SIGNATURE Special production and of equipment and the diagram and the diagram of the second of the s					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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0.704.63-740		64 CITY ST ZIP	· · · · · · · · · · · · · ·		

14. Thereby 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, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(1)

Mechanical Warranty Protection, Inc.

OFFICE		<u>NAME</u>
Directors		Thomas W. Hawkins
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	James O. Cole .
President		William L. Wallace •
Vice Presidents		Lee Smith
	***********	James O. Cole-
Secretary		James O. Cole
Treasurer	*****************************	Kathleen Hyle.

Address for all officers and directors is:

110 SE 6th Street

Fort Lauderdale, Florida 33301