

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78517

1. Corporation Name

Mechanical Warranty Protection, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 PO Box 9002

Suite, Apt. #, etc.

22 City & State

23 Delray Beach, FL

Zip

Country

24 33447

2a. Mailing Address

26 110 SE 6th Street

Suite, Apt. #, etc.

27 20th Floor

28 Ft. Lauderdale, FL

Zip

Country

29 33301

30

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

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

Signature, typed or printed name of registered agent and title if appropriate

(NOTE: Registered Agent's position is required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

See attachment

[] Change [] Addition

[] Change [] Addition

600002859626-4

-05/03/99-01006-002

****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 (954) 769-6000

2

Mechanical Warranty Protection, Inc.

<u>OFFICE</u>	<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