

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 # M92477

1. Corporation Name

WARRANTY MANAGERS, INC.

Principal Place of Business

6053 LEXINGTON PK.
ORLANDO FL 32819

Mailing Address

6053 LEXINGTON PK.
ORLANDO FL 32819

2. Principal Place of Business

21 26

2a. Mailing Address

27

Suite, Apt. #, etc.

22 27

City & State

23 28

City & State

Zip

24 25

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

GARRITY, WILLIAM J.
6053 LEXINGTON PARK
ORLANDO FL 32819
6053 LEXINGTON PARK
ORLANDO FL 32819

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, WILLIAM J.		1.2 NAME	
STREET ADDRESS	6053 LEXINGTON PARK		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, FRANCIS D.		2.2 NAME	
STREET ADDRESS	217 E ST JOSEPH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN		2.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUGHTON, MARY JANE		3.2 NAME	
STREET ADDRESS	31 FOREST VIEW CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CICERO IN		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, WILLIAM JAMES		4.2 NAME	
STREET ADDRESS	4565 RUTLAND DUNN TOWNLINE RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	OREGAN WI		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, JAMES J		5.2 NAME	
STREET ADDRESS	6053 LEXINGTON PARK		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, FRANCES R.		6.2 NAME	
STREET ADDRESS	6053 LEXINGTON PARK		6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		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, with all other like empowered.

SIGNATURE: *Katherine Harris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

4. FEI Number

59-2911161

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

CR2E034 (11/98)

1-3-99 4078760929

Date Daytime Phone #