

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 22 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012060 (7)

1. Corporation Name

NEWCO WARRANTY SERVICES INC.

Principal Place of Business

Mailing Address

~~2880 W. OAKLAND PARK BLVD.  
SUITE 201  
FORT LAUDERDALE FL 33311~~

~~2880 W. OAKLAND PARK BLVD.  
SUITE 201  
FORT LAUDERDALE FL 33311~~

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

3a. Date of Last Report

02/14/1994

4. FEI Number

Applied For

45-0480800

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

2. Principal Place of Business  
21 990 South Congress Ave.

2a. Mailing Address  
26 990 S. CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #4

27 #4

City & State

City & State

23 Delray Beach, FL

28 DELRAY BEACH, FL

Zip

Country

Zip

Country

24 33445

25 PALM BEACH

29 33445

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLER, JERARD C ESQ.  
315 S.E. 7TH STREET  
1ST FLOOR  
FORT LAUDERDALE FL 33301

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	BRANDON, HELENE	2880 W. OAKLAND PARK BLVD., #201	FORT LAUDERDALE FL 33311
D	BRANDON, HOWARD	2880 W. OAKLAND PARK BLVD., #201	FORT LAUDERDALE FL 33311

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
D	HELENE BRANDON	990 S. CONGRESS AVE #4	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HOWARD BRANDON	990 S. CONGRESS AVE #4	DELRAY BEACH FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Helene Brandon HELENE BRANDON, TREAS. 3/1/95 407-279-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #