


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

**FILED**

**Feb 19 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000012060 (7)**  
1. Corporation Name  
**NEWCO WARRANTY SERVICES INC.**



Principal Place of Business <b>990 SOUTH CONGRESS AVE. SUITE 4 DELRAY BEACH FL 33445 US</b>	Mailing Address <b>990 S CONGRESS AVE SUITE 4 DELRAY BEACH FL 33445-4694 US</b>
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3. Date Incorporated or Qualified <b>02/14/1994</b>	3a. Date of Last Report <b>02/02/1996</b>
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2. Principal Place of Business 21 <b>7499 W. ATLANTIC AVE</b> Suite, Apt. #, etc. 22 <b>206</b> City & State 23 <b>DELRAY BEACH FL</b> Zip 24 <b>33446</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>7499 W. ATLANTIC AVE</b> Suite, Apt. #, etc. 27 <b>206</b> City & State 28 <b>DELRAY BEACH FL</b> Zip 29 <b>33446</b> Country 30 <b>USA</b>
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4. FEI Number <b>65-0480800</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HELLER, JERARD C ESQ.  
315 S.E. 7TH STREET  
1ST FLOOR  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRANDON, HELENE</b>
STREET ADDRESS	<b>990 S CONGRESS AVE #4</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BRANDON, HOWARD</b>
STREET ADDRESS	<b>990 S. CONGRESS AVE. #4</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HELENE BRANDON</b>
STREET ADDRESS	<b>7499 W. ATLANTIC AVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HOWARD BRANDON</b>
STREET ADDRESS	<b>7499 W. ATLANTIC AVE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33446</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Helene Brandon* Director Date: **2/14/97** 561-498-3335

CP2E034 (9/96)