

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000035524 (4)

1. Corporation Name

NORTH AMERICAN WARRANTY CORP.

Principal Place of Business

Mailing Address

700-900 E SUNRISE BLVD  
FT LAUDERDALE FL 33304

700-900 E SUNRISE BLVD  
FT LAUDERDALE FL 33304

FILED

Jul 22 1996 8:00 am

Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1995		3a. Date of Last Report N/A	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 65-0579229		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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

10. Name and Address of New Registered Agent

KING, W. CLAY  
700-900 E SUNRISE BLVD  
FT LAUDERDALE FL 33304

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	KING, W. CLAY	1.2 NAME	
STREET ADDRESS	700-900 E SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V
NAME	APPLEBY, LINDA K	2.2 NAME	
STREET ADDRESS	700-900 E SUNRISE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	V
NAME	APPLEBY, A. EDWARD	3.2 NAME	
STREET ADDRESS	700-900 E SUNRISE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	MARY VISA ROBERT K.
NAME		4.2 NAME	700-900 E SUNRISE BLVD
STREET ADDRESS		4.3 STREET ADDRESS	FT LAUDERDALE, FL 33304
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V IT
NAME		5.2 NAME	FRANCIS, KIRK J.
STREET ADDRESS		5.3 STREET ADDRESS	700-900 E SUNRISE BLVD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96 954 760 6392  
7/1/96 954-783-1402

CR2E034 (3/96)