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**Feb 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000011698 (3)

1. Corporation Name
QUALITY CARE PROTECTION WARRANTY, INC.



Principal Place of Business
**2401 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062**

Mailing Address
**2401 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062-5286**

3. Date Incorporated or Qualified **02/07/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 **TERRY FORD CO.** 26 **1000 N. FED HWY POMPANO**
Suite, Apt #, etc Suite, Apt #, etc

22 **1000 N. FED HWY** 27
City & State City & State
23 **POMPANO BCH, FLA** 28 **POMPANO BCH. FLA.**

24 **33062** 25 **BROWARD** 29 **SAME** 30
Zip Country Zip Country

4. FEI Number **65-0658082** Applied For
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

9. Name and Address of Current Registered Agent
**PORTLEY, PETER A
2401 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent
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]* *[Signature]* **2-25-97**
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	D	<input checked="" type="checkbox"/> DELETE
NAME	PORTLEY, PETER A	
STREET ADDRESS	2401 E. ATLANTIC BLVD., SUITE 410	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DAVID MENTEN
13 STREET ADDRESS	PRESIDENT
14 CITY-ST-ZIP	15920 SW 252 ST. MIAMI, FLA. 33031
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DEBORAH MENTEN
23 STREET ADDRESS	VICE PRESIDENT
24 CITY-ST-ZIP	3901 NE 27th TERR LIGHTHOUSE POINT, FLA 33064
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SECRETARY
33 STREET ADDRESS	DALE MARINELLI
34 CITY-ST-ZIP	6041 NW 61 MANOR : PARKLAND FL. 33067
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	TREASURER
43 STREET ADDRESS	DALE MARINELLI
44 CITY-ST-ZIP	6041 NW 61 MANOR: PARKLAND, FL. 33067
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *[Signature]* **DALE MARINELLI** 2/21/97 954-781-2345
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)