

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011698 (3)
 1. Corporation Name
QUALITY CARE PROTECTION WARRANTY, INC.



Principal Place of Business TERRY FORD CO. 1000 N. FED HWY. POMPANO BEACH FL 33062 US	Mailing Address 1000 N. FED HWY POMPANO BEACH FL 33062 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1996

2. Principal Place of Business 21 Sawgrass Ford Suite, Apt. #, etc 22 PO Box 452559 City & State 23 SUNRISE Zip 24 33323 Country	2a. Mailing Address 26 14501 W Sunrise Blvd. Suite, Apt. #, etc 27 City & State 28 FLA. Zip 29 Country
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4. FEI Number 65-0658082	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MENTEN, DAVID	
STREET ADDRESS	15920 S.W. 252 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MENTEN, DEBORAH	
STREET ADDRESS	3901 N.W. 27TH TERR.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARINELLI, DALE	
STREET ADDRESS	6041 N.W. 61 MANOR	
CITY-ST-ZIP	PARKLAND FL	
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 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: *Dale Menten* 2/25/98 954-851-9000

CR2E034 (10/97)