

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

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P96000027892 (4)**

*M/C*  
*2-3-98*



**WARWICK FINANCIAL HOLDING CORPORATION**

Principal Place of Business: 411 S COUNTY ROAD STE 200, PALM BEACH FL 33480  
 Mailing Address: 411 S COUNTY ROAD STE 200, PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/25/1996	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	NOT APPLICABLE	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
KEIHNER, BRUCE W. 411 S COUNTY ROAD STE 200 PALM BEACH FL 33480				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				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	
		FL			

11. Pursuant to the provisions of Sections 607.0602 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <del>WAGANDT, ALEXANDER</del>	1.1 TITLE	D
NAME	<del>WAGANDT, ALEXANDER</del>	1.2 NAME	VIOLA, WULF
STREET ADDRESS	411 S COUNTY ROAD STE 200	1.3 STREET ADDRESS	411 SOUTH COUNTY ROAD, #200
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S	2.1 TITLE	
NAME	KEIHNER, BRUCE W	2.2 NAME	
STREET ADDRESS	411 S. COUNTY ROAD, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	AS
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 from an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)

*4/30/98*