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FILED

Jan 27 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000071530 (5)

1. Corporation Name

WARRANTY SAFEGUARD SYSTEMS, INC.



Principal Place of Business

Mailing Address

8228 NW 2ND ST  
CORAL SPRINGS FL 330718228 NW 2ND ST  
CORAL SPRINGS FL 33071-6903

2. Principal Place of Business

21 11476 W. SAMPLE RD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City &amp; State

CORAL SPRINGS

28 City &amp; State

29 City &amp; State

24 Zip

33065

25 Country

USA

29 Zip

29 Zip

30 Country

30 Country

9. Name and Address of Current Registered Agent

NEIMARK, CORT A  
800 CORPORATE DRIVE, SUITE 602  
FT LAUDERDAL FL 33334

3. Date Incorporated or Qualified

08/26/1996

3a. Date of Last Report

4. FEI Number

65-0690062

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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 by typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT, DIRECTOR ☐ DELETE

NAME SAMUEL L. THURNBY

STREET ADDRESS 9228 NW 2ND ST

CITY - ST - ZIP CORAL SPRINGS FL 33071

TITLE ~~KENNETH MOSS~~ ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE VICE PRESIDENT, DIRECTOR ☐ DELETE

NAME KENNETH MOSS

STREET ADDRESS 11476 W. SAMPLE ROAD

CITY - ST - ZIP CORAL SPRINGS, FL 33065

TITLE SECRETARY/TREAS. ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ~~CORT A. NEIMARK~~ ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ~~FT. LAUDERDALE, FL 33334~~ ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0155511

CR2E034 (9/96)