

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S39925** (0)

1. Corporation Name

INTERCONTINENTAL WARRANTY SERVICES, INC.



Principal Place of Business

**1191 E. NEWPORT CTR. DR.
STE. 102
DEERFIELD BEACH FL 33442
US**

Mailing Address

**1191 E NEWPORT CTR. DR.
STE. 102
DEERFIELD BEACH FL 33442
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/15/1991

3a. Date of Last Report

07/18/1995

4. FEI Number

65-0276779

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

10. Name and Address of New Registered Agent

**SCHORR, STEPHEN A.
2101 N. ANDREWS AVENUE
SUITE 400
FT. LAUDERDALE FL 33311**

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 of Registered Agent (if different from above) or a person authorized to act as such

Signature of Registered Agent (if different from above) or a person authorized to act as such

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **ROGERS, JEROME H.**
STREET ADDRESS **7388 VALENCIA DR.**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **VD** ☐ DELETE
NAME **TENBERG, CLYDE W JR.**
STREET ADDRESS **2333 NE 30TH CT.**
CITY-STATE-ZIP **LIGHTHOUSE PT. FL**

TITLE **ST** ☐ DELETE
NAME **MCCORD, JACQUELINE L**
STREET ADDRESS **3991 NW 108 DR.**
CITY-STATE-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jacqueline L McCord

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996

(954) 427-3111

Date

Telephone Number

CR2E034 (12/95)