

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortman  
Secretary of State  
Division of CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 1:41

DOCUMENT # **V02789** (8)

**EMPIRE WARRANTY HOLDING COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Office Address: **8600 PINES BLVD  
PEMBROKE PINES FL 33024**  
Mailing Address: **8600 PINES BLVD  
PEMBROKE PINES FL 33024**

(PLEASE WRITE IN THIS SPACE)

3. Date of Incorporation of Officers: **12/24/1991**  
3a. Date of Last Report: **05/01/1994**

2. Filing Period (Fiscal Year)	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0329881</b>	Not Applicable
22. State, Apt # etc.	27. State, Apt # etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City, State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Zip	7. Has any officer or director been convicted under Chapter 220, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MAROONE, MICHAEL E  
8600 PINES BLVD  
PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is not acceptable)	<b>FL</b>
B3.	
B4. City	

11. Pursuant to the provisions of Sections 607.0165 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the new agent or office 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 a natural person and accept the obligations of Section 607.0165, Florida Statutes.

Signature of Registered Agent: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	PTD
MAROONE, ALBERT E	
8600 PINES BLVD	
PEMBROKE PINES FL	
NAME	VSD
MAROONE, MICHAEL E	
8600 PINES BLVD	
PEMBROKE PINES FL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. NAME	CHAIRMAN/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. NAME	PRESIDENT/SEC. TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
5. NAME	VICE PRESIDENT/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	REESE, DONALD J.	
7. NAME	2082 EDGEWATER COURT	
8. NAME	FT. LAUDERDALE, FL 33332	
9. NAME	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
10. NAME	HODGEN, BRADLEY N.	
11. NAME	729 CRYSTAL COURT	
12. NAME	FT. LAUDERDALE, FL 33326	
13. NAME	VICEPRESIDENT/GEN MGR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	GRAHAM, KENNETH	
15. NAME	410 ALEXANDRIA CIRCLE	
16. NAME	FT. LAUDERDALE, FL 33326	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reasons set forth in Section 607.0165, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall cause the same report or supplemental report to be filed for the corporation of the State of Florida. I am a natural person and accept the obligations of Section 607.0165, Florida Statutes. I hereby accept the appointment as registered agent. I am a natural person and accept the obligations of Section 607.0165, Florida Statutes.

SIGNATURE: UP CFO 4/28/95 433-3310  
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DONALD J. REESE**