

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V02789** (8)

1. Corporation Name

EMPIRE WARRANTY HOLDING COMPANY



Principal Place of Business

Mailing Address

**8600 PINES BLVD
PEMBROKE PINES FL 33024**

**8600 PINES BLVD
PEMBROKE PINES FL 33024**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/24/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0329881

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

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:

Michael E. Maroone

MICHAEL E. MAROONE

4-30-96

Signature, typed or printed name of registered agent and date of signature

(If the Registered Agent signature is required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **MAROONE, ALBERT E**
STREET ADDRESS **8600 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PSTD** ☐ DELETE
NAME **MAROONE, MICHAEL E**
STREET ADDRESS **8600 PINES BLVD**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **VCFO** ☐ DELETE
NAME **REESE, DONALD J.**
STREET ADDRESS **2882 EDGEWATER COURT**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VP** ☐ DELETE
NAME **HODGEN, BRADLEY N.**
STREET ADDRESS **729 CRYSTAL**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPGM** ☐ DELETE
NAME **GRAHAM, KENNETH**
STREET ADDRESS **410 ALEXANDRIA CIRCLE**
CITY-ST-ZIP **FT LAUDERDALE FL**

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 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:

Michael E. Maroone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Maroone

4-30-96

(954) 433-3300

Date

Daytime Phone #

CR2E034 (12/95)