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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:53

DOCUMENT # J32889 (4)

1. Corporation Name
PREFERRED OFFICE SERVICES, INC.

Principal Place of Business	Mailing Address
7345 NW 35 ST MIAMI FL 33122 US	C/O JOHN C. STRICKROOT 175 NW 1ST AVE 11TH FLOOR MIAMI FL 33128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1986	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2712129	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 100 S.E. Second Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Seventeenth Floor
City & State 23	City & State 28 Miami, FL
Zip / Country 24 / 25	Zip / Country 29 33131-1101 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRICKROOT, JOHN C. ~~THE COURTHOUSE CENTER BLDG., 15TH FL~~ 175 NW 1ST AVENUE, 11TH FLOOR ~~MIAMI FL 33128~~	81 Name: JOHN C. STRICKROOT 82 Street Address (P.O. Box Number is Not Acceptable): International Place - 100 S.E. Second Street 83: 17th Floor 84 City: Miami FL 85 Zip Code: 33131-1101

11. Pursuant to the provisions of Section 607.0502 and 607.1506, 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: _____ DATE: Jan 26, 1995
(If changing the Registered Agent, this must be signed by the new Registered Agent) (NOTE: Registered Agent signature required in all cases)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	GARVETT, PHYLIS H.	12 NAME	
STREET ADDRESS	7345 NE 35 ST	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GARVETT, GLENN EVANS	22 NAME	
STREET ADDRESS	7345 NE 35 ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	GARVETT, PETER	32 NAME	
STREET ADDRESS	7345 NW 35 ST	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is true and accurate and that, for the compilation of this report, I have complied with the provisions of Chapter 607, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an asterisk (*), or is indicated as an addition.

SIGNATURE: GLENN EVANS GARVETT PRESIDENT 2/10/95 305/716-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0205074 CP