

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

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95 APR 11 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **V05584** (0)

1. Corporation Name  
**PREFERRED FLORIDA MORTGAGES, INC.**

Principal Place of Business Mailing Address

ATTN: E. KLEMENTS  
19353 US HWY 19 NORTH  
CLEARWATER FL 34624

P.O. BOX 000  
CLEARWATER FL 34618  
US

DO NOT WRITE IN THIS SPACE.

|                                                 |  |                         |  |                                                        |  |                                |  |
|-------------------------------------------------|--|-------------------------|--|--------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address     |  | 4. FEI Number                                          |  | 3a. Date of Last Report        |  |
| 21                                              |  | 26                      |  | 59-3105806                                             |  | 03/30/1994                     |  |
| 22. Suite, Apt. #, etc.                         |  | 27. Suite, Apt. #, etc. |  | 5. Certificate of Status Desired                       |  | \$8.75 Additional Fee Required |  |
| 23. City & State                                |  | 28. City & State        |  | 6. Election Campaign Financing Trust Fund Contribution |  | \$5.00 May Be Added to Fees    |  |
| 24. Zip                                         |  | 25. Country             |  | 29. Zip                                                |  | 30. Country                    |  |
| 24                                              |  | 25                      |  | 29                                                     |  | 30                             |  |
| 9. Name and Address of Current Registered Agent |  |                         |  | 10. Name and Address of New Registered Agent           |  |                                |  |

~~MORING, JOHN P~~  
100 SECOND AVENUE SOUTH  
12TH FLOOR  
ST. PETERSBURG FL 33701

|                                                       |                             |    |                   |
|-------------------------------------------------------|-----------------------------|----|-------------------|
| 81 Name                                               | Morris A. LeCompte, Esquire |    |                   |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 100 Second Avenue South     |    |                   |
| 83 City                                               | City Center - 12th Floor    |    |                   |
| 84 City                                               | St. Petersburg              | FL | 85 Zip Code 33701 |

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 Morris A. LeCompte DATE 2/25/95

*Morris A. LeCompte*

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | DP                                | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | COPE, RICHARD W.                  | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 19353 US HWY. 19 NORTH, SUITE 100 | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | CLEARWATER FL 34624               | 1.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | DS                                | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | TOOKE EDWIN C.                    | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 19353 US HWY. 19 NORTH, SUITE 100 | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | CLEARWATER FL 34624               | 2.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | DV                                | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MUELLER, JAMES G.                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2101 W. COMMERCIAL BLVD #4000     | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | FT. LAUDERDALE FL                 | 3.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | T                                 | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | STICCO, LEWIS A.                  | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 19353 US HWY. 19 NORTH, SUITE 100 | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            | CLEARWATER FL 34624               | 4.4 CITY - ST - ZIP                                   |                                                                              |
| TITLE                      | V                                 | 5.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Cope, Christopher R.              | 5.2 NAME                                              | Cope, Christopher R.                                                         |
| STREET ADDRESS             | 19353 US Hwy. 19 North, Ste 100   | 5.3 STREET ADDRESS                                    | 19353 US Hwy 19 No., Ste 100                                                 |
| CITY - ST - ZIP            | Clearwater, FL 34624              | 5.4 CITY - ST - ZIP                                   | Clearwater, Florida 34624                                                    |
| TITLE                      |                                   | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                   | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY - ST - ZIP            |                                   | 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)(b), 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: L. A. Sticco Lewis A. Sticco 4/6/95 813/538-5468

*L. A. Sticco*