

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V05584** (0)

1. Corporation Name
PREFERRED FLORIDA MORTGAGES, INC.



Principal Place of Business: **ATTN: E. KLEMENTS
19353 US HWY 19 NORTH
CLEARWATER FL 34624**

Mailing Address: **P.O. BOX 6600
CLEARWATER FL 34618
US**

3. Date Incorporated or Qualified: **01/09/1992**

3a. Date of Last Report: **04/11/1995**

4. FCI Number: **59-3105806**

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 (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent
**LECOMPTÉ, MORRIS A ESQ.
100 SECOND AVENUE SOUTH
CITY CENTER 12TH FLOOR
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent (81-85)

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	COPE, RICHARD W.	
STREET ADDRESS	19353 US HWY. 19 NORTH, SUITE 100	
CITY-STATE-ZIP	CLEARWATER FL 34624	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TOOKE EDWIN C.	
STREET ADDRESS	19353 US HWY. 19 NORTH, SUITE 100	
CITY-STATE-ZIP	CLEARWATER FL 34624	
TITLE	DX	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G.	
STREET ADDRESS	2101 W. COMMERCIAL BLVD. #400	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A.	
STREET ADDRESS	19353 US HWY. 19 NORTH, SUITE 100	
CITY-STATE-ZIP	CLEARWATER FL 34624	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COPE, CHRISTOPHER R	
STREET ADDRESS	19353 US HWY. 19 N., STE 100	
CITY-STATE-ZIP	CLEARWATER FL 34624	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	7100 W. Commercial Blvd.	
34 CITY-STATE-ZIP	33319	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *L. A. Sticco* Lewis A. Sticco **4-5-96** 813/538-5468

CR2E034 (12/95)