

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 6800 CLEARWATER FL 34618-6800 US
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3. Date Incorporated or Qualified 01/09/1992	3a. Date of Last Report 04/09/1996
4. FEI Number 59-3105806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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

10. Name and Address of New Registered Agent

81. Name Jill Fisher Powers-Esquire	
82. Street Address (P.O. Box Number is Not Acceptable) 19353 US HWY 19 N.	
83. Suite Suite 100	
84. City Clearwater	85. Zip Code FL 34624

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 **Jill Fisher Powers, Esquire** (NOTE: Registered Agent signature required when reinstating) DATE **2/22/97**

12. OFFICERS AND DIRECTORS

TITLE	DV <input type="checkbox"/> DELETE
NAME	COPE, RICHARD W.
STREET ADDRESS	19353 US HWY. 19 NORTH, SUITE 100
CITY - ST - ZIP	CLEARWATER FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	TOOKE EDWIN C.
STREET ADDRESS	19353 US HWY. 19 NORTH, SUITE 100
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	DP <input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G.
STREET ADDRESS	7100 W. COMMERCIAL BLVD.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A.
STREET ADDRESS	19353 US HWY. 19 NORTH, SUITE 100
CITY - ST - ZIP	CLEARWATER FL 34624
TITLE	V <input type="checkbox"/> DELETE
NAME	COPE, CHRISTOPHER R
STREET ADDRESS	19353 US HWY. 19 N., STE 100
CITY - ST - ZIP	CLEARWATER FL 34624

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tooke, Edwin C.
2.3 STREET ADDRESS	19353 US HWY 19 N. Suite 100
2.4 CITY - ST - ZIP	Clearwater, FL 34624
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sticco, Lewis A.
4.3 STREET ADDRESS	19353 US HWY 19 N.
4.4 CITY - ST - ZIP	Clearwater, FL. 34624
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Lewis A. Sticco** *R A Sticco* 2-24-97 (813)538-5468

CR2E034 (9/96)