

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

FILED

**Apr 29 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 34616 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1992	
21 Sulte, Apt. #, etc.	22 City & State	26 Sulte, Apt. #, etc.	27 City & State	4. FEI Number 59-3105806	Applied For Not Applicable
23 Zip 33764	25 Country	29 Zip 33758	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

FISHER POWERS, JILL E
19535 US HWY 19 N.
SUITE 100
CLEARWATER FL 34624
33764

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" 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		1.4 CITY-ST-ZIP 33764	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" 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		2.4 CITY-ST-ZIP 33764	
TITLE DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MUELLER, JAMES G.		3.2 NAME	
STREET ADDRESS 7100 W. COMMERCIAL BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		3.4 CITY-ST-ZIP 33319	
TITLE TS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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		4.4 CITY-ST-ZIP 33764	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COPE, CHRISTOPHER R		5.2 NAME	
STREET ADDRESS 19353 US HWY. 19 N., STE 100		5.3 STREET ADDRESS	
CITY-ST-ZIP CLEARWATER FL 34624		5.4 CITY-ST-ZIP 33764	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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* Date: *4/19/98* *815/588-5468*

CR2E034 (10/97)