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Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V32244** (8)
1. Corporation Name
PREFERRED CREDIT SERVICES, INC.



Principal Place of Business Mailing Address
 16 DOGWOOD CIRCLE *old* 16 DOGWOOD CIRCLE *old*
 BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462-4945
 US 1035 Egret Cr. N. New: 1035 Egret Circle N.
 Jupiter, FL 33458 Jupiter, FL 33458

3. Date Incorporated or Qualified **04/27/1992** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **65-0366862** 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 2b. Mailing Address
 21 1035 Egret Circle N. 26 1035 Egret Circle N.
 Suite, Apt #, etc. Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Jupiter FL 28 Jupiter, FL
 24 Zip 33458 25 Country Palm Bch 29 Zip 33458 30 Country Palm Bch

9. Name and Address of Current Registered Agent
MILLS, CHARLEEN
16 DOGWOOD CIRCLE
BOYNTON BEACH FL 33462

10. Name and Address of New Registered Agent
 81 Name **Charleen Laeha**
 82 Street Address (P.O. Box Number is Not Acceptable)
1035 Egret Circle N.
 83
 84 City **Jupiter** FL 85 Zip Code **33458**

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: *Charleen Laeha* Date: **2/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, CHARLEEN	1.2 NAME	Charleen Laeha
STREET ADDRESS	16 DOGWOOD CIRCLE	1.3 STREET ADDRESS	1035 Egret Circle N.
CITY-ST-ZIP	BOYNTON BEACH FL 33462	1.4 CITY-ST-ZIP	Jupiter, FL 33458
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Charleen Laeha* REQUIRED *Charleen Laeha* Date: **2/25/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)