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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

30

1996

DOCUMENT #

1. Corporation Name

City & State

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(7)

PREFERRED	MANAGED	INVESTMENTS.	INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business Mailing Address 4232 NW 6TH ST. BLDG. 2 GAINESVILLE FL 32609 4232 NW 6TH ST. BLDG. 2 GAINESVILLE FL 32609 3. Date Incorporated or Qualified 08/13/1974 2. Principal Place of Business 4. FEI Number 2a. Mailing Address 21 26 59-1546679 Suite. Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27

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City & State

BYRD, REEVES H 4232 NW 6 ST., BLDG II **GAINESVILLE 32609** 

		, co noquios				
	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
untry	<ul><li>8. This corporation has liability for in Florida Statutes</li></ul>	ntangible tax under s. 199.032, ☑ No				
$\Box$	10. Name and Address of New Re	egistered Agent				
81	Name	······································				
82	Street Address (P.O. Box Number is Not Acceptable)					
83	1 11 11 11 11 11 11 11 11 11 11 11 11 1					
84	City	85 Zip Code				

3a. Date of Last Report

01/13/1995

Applied For

\$8.75 Additional

Not Applicable

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							
famil ac witt	and accept the obligations of Section 607.05	505, Florida Statutes.	· 1 0	1 2- 01			
SIGNATUREs	ognation, typical or partiest make at registers, igent and title diapp	Kewes H.	log stered Spent signature req	res. [-23-96			
12.			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TIBLE	P	DELETE	1. 1 TITLE	Change Addition			
NAMi	BYRD, REEVES H JR		1.2 NAME				
STREET ADDRESS	4232 NW 6TH ST., BLDG. 2		1.3 STREET ADDRESS				
Dity St ZiP	GAINESVILLE, FL 32601		1,4 CITY-ST-ZIP	Zip 32609			
Till		DELETE	2 1 MILE	Change Addition			
NAM:			2.2 NAME				
STREAT ADDRESS			2 3 STREET ADDRESS				
CIY SI ZP			2.4 CHTY-ST-ZiP				
THE		DELETE	3 1 TITLE	☐ Change ☐ Addition			
NAM:			3.2 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY SE-ZIP			34 CHY+SI+ZIP				
11,11£		DELETE	4 1 TITLE	☐ Change ☐ Addition			
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	,			
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
11/1.6		DELETE	5 1 TITLE	☐ Change ☐ Addition			
NAM)			5.2 NAME				
STREET ADDRESS			5/3 STREET ADDRESS				
CHY-S1-ZiF			5.4 CITY - S1 - ZIP				
TETLE		DEFETE	6 1 TITLE	Change Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CHY-SI-ZIF			6 4 CITY - ST - ZIP				

Low 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:

REZUES + By RS, Pro 1-23-96 362-373 (90)