

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 466674 (9)

1. Corporation Name

PREFERRED BUSINESS SYSTEMS, INC.



Principal Place of Business

1144 BOULEVAR DE PALMAS
MARATHON FL 33050
US

Mailing Address

1144 BOULEVAR DE PALMAS
MARATHON FL 33050
US

3. Date Incorporated or Qualified
12/27/1974

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 536 SOMBRERO BEACH RD.

2a. Mailing Address

26 536 SOMBRERO BEACH RD.

4. FET Number

59-1576202

Applied For

Not Applicable

Suite, Apt. #, etc.

22 MARATHON, FLA

Suite, Apt. #, etc.

27 MARATHON, FLA.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 MARATHON, FLA.

City & State

28 MARATHON, FLA.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33050

Country

25 US

Zip

29 33050

Country

30 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BARTON, PHILIP
200 N.E. FIRST ST.
GAINESVILLE FLORIDA

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and filer in application.

(NOTE: Registered Agent signature required when removing agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PV
NAME CREHORE, JON F.
STREET ADDRESS 4501 N.W. SHERWOOD TRACE
CITY- ST- ZIP GAINESVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

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NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96 289-7255

Date

Daytime Phone #

CR2E034 (12/95)