

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 # 519046 (7)

1. Corporation Name

"PREFERRED INVESTMENT PROPERTIES, INC."



Principal Place of Business

1671 WOODLAND AVENUE
WEST PALM BEACH FL 33415

Mailing Address

1671 WOODLAND AVENUE
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified 11/23/1976	3a. Date of Last Report 01/24/1995
4. FEI Number 59-1707042	Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 3376 LAKESHORE BLVD.	26 3376 LAKESHORE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 JACKSONVILLE, FL	28 JACKSONVILLE, FL
Zip	Zip
24 32210	29 32210
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

HUBBARD, EDGAR W.
1671 WOODLAND AVENUE
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

81 Name	BRONSON E. LAMB III		
82 Street Address (P.O. Box Number is Not Acceptable)			
83	3376 LAKESHORE BLVD.		
84 City	JACKSONVILLE	85 FL	Zip Code 32210

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: *Bronson E. Lamb III*

(Signature, typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETLING, BARRIE B	2. NAME	
STREET ADDRESS	TRICEFIELDS ROAD	3. STREET ADDRESS	8151 TRICEFIELD RD
CITY-ST-ZIP	ST. MICHAELS MD	4. CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DETLING, EDWIN J	2.2 NAME	
STREET ADDRESS	TRICEFIELDS ROAD	2.3 STREET ADDRESS	8151 TRICEFIELD RD
CITY-ST-ZIP	ST. MICHAELS MD	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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: *Barrie B. Detling* (BARRIE B. DETTLING) 4/16/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

CR2E034 (12/95)