


FILED


Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

Feb 04 1997 8:00am
Secretary of State



DOCUMENT # 519046 (7)
1. Corporation Name
"PREFERRED INVESTMENT PROPERTIES, INC."

Principal Place of Business
3376 LAKESHORE BLVD
JACKSONVILLE FL 32210
US

Mailing Address
3376 LAKESHORE BLVD
JACKSONVILLE FL 32210-5348
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 3354 LAKE SHORE BLVD
23 City & State
JACKSONVILLE, FL
24 Zip
32210
25 Country
US

2a. Mailing Address
26 Suite, Apt. #, etc.
27 3354 LAKE SHORE BLVD
28 City & State
JACKSONVILLE, FL
29 Zip
32210
30 Country
US

3. Date Incorporated or Qualified
11/23/1976

3a. Date of Last Report
04/23/1996

4. FEI Number
59-1707042

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

9. Name and Address of Current Registered Agent
BRONSON E. LAMB III
3276 LAKESHORE BLVD.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name
BRONSON E. LAMB III
82 Street Address (P.O. Box Number is Not Acceptable)
3376 LAKE SHORE BLVD.
83 JACKSONVILLE
84 City
85 Zip Code
FL 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
DETTLING, BARRIE B
8151 TRICEFIELD RD
ST. MICHAELS MD
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
DETTLING, EDWIN J
8151 TRICEFIELD RD
ST. MICHAELS MD
DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE
TITLE
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
PTD
DETTLING, BARRIE B.
3354 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210
CHANGE
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VD
DETTLING, EDWIN J.
3354 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210
CHANGE
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
CHANGE
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
CHANGE
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
CHANGE
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
CHANGE

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: Barrie B. Detting BARRIE B. DETTLING 1/24/97 904-923-1929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)