

CORPORATION
ANNUAL REPORT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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Jun 09, 2000 8:00 am
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DOCUMENT # **605828** (3)
Corporation Name
PREFERRED PROPERTIES OF ORLANDO, INC.

Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
233 Trade Center Way Naples, FL 34109		2033 Trade Center Way Naples, FL 34109		01/05/1979	01/23/1996
Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
		26		59-1872848	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
27				<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
28				<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
GODFREY, ELIZABETH A.				81 Name	
2033 Trade Center Way				82 Street Address (P.O. Box Number is Not Acceptable)	
Naples, FL 34109				83	
				84 City	
				FL 85 Zip Code	

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, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
PD, VS, T GODFREY, ELIZABETH A. 2033 TRADE CENTER WAY NAPLES, FL 34109		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> DELETE		1.1 TITLE			
ADDRESS		1.2 NAME			
ST-ZIP		1.3 STREET ADDRESS			
		1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ADDRESS		2.2 NAME			
ST-ZIP		2.3 STREET ADDRESS			
		2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ADDRESS		3.2 NAME			
ST-ZIP		3.3 STREET ADDRESS			
		3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ADDRESS		4.2 NAME			
ST-ZIP		4.3 STREET ADDRESS			
		4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ADDRESS		5.2 NAME			
ST-ZIP		5.3 STREET ADDRESS			
		5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ADDRESS		6.2 NAME			
ST-ZIP		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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 *[Signature]* 4/27/00 (941) 596-4004
DATE DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth A. Godfrey 0073938