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 # **F94000004255 (5)**

1. Corporation Name

PREFERRED HOLIDAYS, INC.

Principal Place of Business	Mailing Address
900 OLD COUNTRY RD GARDEN CITY NY 11530	900 OLD COUNTRY RD GARDEN CITY NY 11530

3. Date Incorporated or Qualified: **08/17/1994**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **65-0509295** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE

Signature, typed or printed name of registered agent and date for application (NOTE: Registered Agent Signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARDILLO, ROBERT D		1.2 NAME		
STREET ADDRESS	26 FOX HUNT LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	COLD SPRING HARBOR NY 11724		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SALERNO, F. ROBERT		2.2 NAME		
STREET ADDRESS	28 KATONAH WOODS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KATONAH NY 10560		2.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FEREZY, LAWRENCE		3.2 NAME		
STREET ADDRESS	64 CHESTNUT LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WOODBURY NY 11797		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREENBERGER, STEVEN L		4.2 NAME		
STREET ADDRESS	162 HIGH POND DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY 11753		4.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KENNELL, GERARD J		5.2 NAME		
STREET ADDRESS	4D EASTGATE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAINSCOTT NY 11975		5.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, JOHN J		6.2 NAME		
STREET ADDRESS	1096 GRANT AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PELHAM MANOR NY 10803		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: Steven L Greenberger V. PRES 4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN L GREENBERGER

CR2E034 (12/95)