

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00.

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000004255**
 1. Corporation Name
PREFERRED HOLIDAYS, INC.

Principal Place of Business 900 OLD COUNTRY RD GARDEN CITY NY 11530	Mailing Address 900 OLD COUNTRY RD GARDEN CITY NY 11530
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 8/17/1994	3a. Date of Last Report 4/24/1996	4. FEI Number 65-0509295	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			

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
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I, 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CARDILLO ROBERT D		1.2 NAME	
STREET ADDRESS 96 FOX HUNT LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP COLD SPRING HARBOR NY 11724		1.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME JACARNO, F. ROBERT		2.2 NAME HENRY R. SLUCKMAN	
STREET ADDRESS 28 KATONAH WOODS RD		2.3 STREET ADDRESS 4 EAST 72ND ST	
CITY-ST-ZIP KATONAH NY 10560		2.4 CITY-ST-ZIP NY NY 10031	
TITLE VCD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PEREZY, LAWRENCE		3.2 NAME	
STREET ADDRESS 64 CHAUNTY LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP WOODBURY NY 11797		3.4 CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GREENSTOCK, STEVEN L		4.2 NAME	
STREET ADDRESS 162 HIGH POND DR		4.3 STREET ADDRESS	
CITY-ST-ZIP Denico NY 11753		4.4 CITY-ST-ZIP	
TITLE VT VICE PRESIDENT, TREASURER	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KENNEL, GERALD J		5.2 NAME	
STREET ADDRESS 40 EASTGATE RD		5.3 STREET ADDRESS	
CITY-ST-ZIP WAINSCOTT NY 11975		5.4 CITY-ST-ZIP	
TITLE VS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME LYNCH, John J		6.2 NAME DENNIS ROTH	
STREET ADDRESS 1096 GIANT AVE		6.3 STREET ADDRESS 30 LAWRENCE COURT	
CITY-ST-ZIP PULHAM MANOR NY 10803		6.4 CITY-ST-ZIP WYOSSET NY 11791	

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: **[Signature]** V Pres 4/15/97

CR2E034 (9/96)