

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002841 (2)

1. Corporation Name

PREFERRED MAIN GATE WEST, INC.

Principal Place of Business

6900 E 2ND ST
SCOTTSDALE AZ 85251

Mailing Address

6900 E 2ND ST
SCOTTSDALE AZ 85251-5305

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

N/A

4. FEI Number

APPLIED FOR 93-1209221

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

DC
NAME KAULIUS, EUGENE
STREET ADDRESS 6900 E 2ND ST
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ☒ DELETE

DP
NAME ORENSTEIN, FRANK
STREET ADDRESS 6900 E 2ND ST
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ☒ DELETE

VS
NAME WRIGHT, CHARLES A
STREET ADDRESS 6900 E 2ND ST
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ☐ DELETE

S
NAME POER, PAUL
STREET ADDRESS 6900 E 2ND ST
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ☒ DELETE

S
NAME GREENE, MORLEY
STREET ADDRESS 700 E GEORGIA ST #2910
CITY-ST-ZIP VANCOUVER BC CANADA V7X 1B6

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC AND DP ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VS ☐ Change ☒ Addition

3.2 NAME CAROL RICHARDS

3.3 STREET ADDRESS 6900 E. 2ND ST.

3.4 CITY-ST-ZIP SCOTTSDALE, AZ 85251

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME CLIFF S. MARSH

5.3 STREET ADDRESS 6900 E. 2ND ST.

5.4 CITY-ST-ZIP SCOTTSDALE, AZ 85251

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

CLIFF S. MARSH 6900 E. 2ND ST. SCOTTSDALE, AZ 85251 (102) 874-0704

CR2E034 (9/96)