


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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90237 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002843

1. Corporation Name
PREFERRED BUILDING, INC.



Principal Place of Business 6900 E 2ND ST SCOTTSDALE AZ 85251	Mailing Address 6900 E 2ND ST SCOTTSDALE AZ 85251
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1996	
21	26	4. FEI Number 93-1209226		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DCDP	<input checked="" type="checkbox"/> DELETE
NAME	KAULIUS, EUGENE	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, CAROL	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POER, PAUL	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, DAN	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Grogan, James	
1.3 STREET ADDRESS	6900 E 2nd ST	
1.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Poer, Paul	
2.3 STREET ADDRESS	6900 E 2nd ST	
2.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kirsch, Randall	
3.3 STREET ADDRESS	6900 E 2nd ST	
3.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ Date: **4-26-99** Daytime Phone #: **(480) 874-0706**

CR2E034 (11/98)