

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

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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 # F96000002844 (6)

1. Corporation Name

PREFERRED INTERNATIONAL DRIVE, INC.

Principal Place of Business

6900 E 2ND ST
SCOTTSDALE AZ 85251

Mailing Address

6900 E 2ND ST
SCOTTSDALE AZ 85251-5305



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/06/1996	3a. Date of Last Report N/A
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 93-1209223	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DC AND DP
NAME	KAULIUS, EUGENE	1.2 NAME	
STREET ADDRESS	6900 E 2ND ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	ORENSTEIN, FRANK	2.2 NAME	
STREET ADDRESS	6900 E 2ND ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	VS
NAME	WRIGHT, CHARLES A	3.2 NAME	CAROL RICHARDS
STREET ADDRESS	6900 E 2ND ST	3.3 STREET ADDRESS	6900 E. 2ND ST.
CITY-ST-ZIP	SCOTTSDALE AZ 85251	3.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE	S	4.1 TITLE	
NAME	POER, PAUL	4.2 NAME	
STREET ADDRESS	6900 E 2ND ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	S
NAME	GREENE, MORLEY	5.2 NAME	CLIFF S. MARSH
STREET ADDRESS	700 E GEORGIA ST #2910	5.3 STREET ADDRESS	6900 E. 2ND ST.
CITY-ST-ZIP	VANCOUVER BC CANADA V7X 1B6	5.4 CITY-ST-ZIP	SCOTTSDALE, AZ 85251
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, Change, or on an attachment with an address.

SIGNATURE _____ CLIFF S. MARSH, SECRETARY 4/8/97 (602) 874-0706

CR2E034 (9/96)