

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

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

05-05-1999 90237 039 ***150.00

0552844

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002844
 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
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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	4. FEI Number 93-1209223	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip Country	28 Zip Country	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		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCDP KAULIUS, EUGENE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP Grogan, James	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6900 E 2ND ST		1.2 NAME	6900 E 2nd ST	
STREET ADDRESS	SCOTTSDALE AZ		1.3 STREET ADDRESS	Scottsdale, AZ 85251	
CITY-ST-ZIP			1.4 CITY-ST-ZIP		
TITLE	VS RICHARDS, CAROL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V poer, paul	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6900 E 2ND ST		2.2 NAME	6900 E 2nd ST	
STREET ADDRESS	SCOTTSDALE AZ		2.3 STREET ADDRESS	Scottsdale, AZ 85251	
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE	S POER, PAUL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST Kirsch, Randall	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6900 E 2ND ST		3.2 NAME	6900 E 2nd ST	
STREET ADDRESS	SCOTTSDALE AZ 85251		3.3 STREET ADDRESS	Scottsdale, AZ 85251	
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	S LAWRENCE, DAN	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6900 E 2ND ST		4.2 NAME		
STREET ADDRESS	SCOTTSDALE AZ		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 (480) 874-0706 DAYTIME PHONE #

CR2E034 (1/98)