

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G15408** (9)

1. Corporation Name

**PREFERRED FINANCIAL SERVICES, INC.**



Principal Place of Business

**3326 N.E. 33RD STREET #1  
FT. LAUDERDALE FL 33308**

Mailing Address

**3326 N.E. 33RD STREET  
FT. LAUDERDALE FL 33308**

3. Date Incorporated or Qualified <b>12/28/1982</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2249975</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**MCPHARLIN, WILLIAM J.  
ONE EAST BROWARD BLVD.  
PENTHOUSE 1500  
FORT LAUDERDALE FL 33301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 or director (Type name of registered agent or director in block letters.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANG, JOHN D.	1.2 NAME	
STREET ADDRESS	3326 NORTHEAST 33 STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CLEVELAND	2.2 NAME	
STREET ADDRESS	1606 NW 90 WAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PEMBROKE PINES FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, CYRIL O.	3.2 NAME	
STREET ADDRESS	4064 SIERRA TERR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL	3.4 CITY-STATE-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, MONICA	4.2 NAME	
STREET ADDRESS	12614 KERNWOOD LN	4.3 STREET ADDRESS	
CITY-STATE-ZIP	BOWIE MD	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, LINETT	5.2 NAME	
STREET ADDRESS	930 AMHERST AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	DAVE FL	5.4 CITY-STATE-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNS, VERNA D.	6.2 NAME	
STREET ADDRESS	3326 NE 33 STREET	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FORT LAUDERDALE FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES JOHN CHANG**

**4-23-96 (954)563-2004**

DATE

EXPIRING PLEASE

CR2E034 (12/95)