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FILED  
Apr 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G60419 (0)

1. Corporation Name  
E.R.A. - PREFERRED PROPERTIES, INC.



Principal Place of Business

Mailing Address

5040 W COLONIAL DR.  
ORLANDO FL 32808

5040 W COLONIAL DR.  
ORLANDO FL 32808

5711 AUGUSTINE CT  
ONIEDO, FL 32765

5711 AUGUSTINE CT  
ONIEDO, FL 32765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHATTUCK, WILLIAM  
7209 WOODVILLE CRESCENT  
ORLANDO FL 32819

81

Name

SHATTUCK WILLIAM

82

Street Address (P.O. Box Number is Not Acceptable)

5711 AUGUSTINE COURT

83

84

City

ONIEDO

FL

85

Zip Code

32765

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

William W. Shattuck - ACCOUNTANT

(NOTE: Registered Agent signature required when reinstating)

4-13-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SCHMITT, BARBARA E  
STREET ADDRESS 19999 E COUNTRY CLUB DR #608  
CITY-ST-ZIP AVENTURA FL

1.1 TITLE PD  
1.2 NAME SCHMITT, BARBARA E  
1.3 STREET ADDRESS 3777 PEACHTREE RD, NE #786  
1.4 CITY-ST-ZIP ATLANTA, GA 30319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

CP2E034 (10/97)