

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996 / 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J74235 (9) 1. Corporation Name FRORIDA PREFERRED PROPERTIES, INC.			
Principal Place of Business 5103 Five Acre Road Plant City, Florida 33565-3103		Mailing Address same	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Eaker, Paula Dawn 5103 Five Acre Road Plant City, Florida 33565		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: <i>Paula Eaker</i> <i>Paula Eaker</i> <i>Paula Eaker</i> <i>4-28-97</i> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT, Eaker, H. Lee NAME: 5103 Five Acre Road STREET ADDRESS: Plant, Fity, Fl.33565-3105 CITY-ST-ZIP: <input type="checkbox"/> DELETE		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	
TITLE: Vice President NAME: Shirley M. Eaker STREET ADDRESS: 5103 Five Acre Road CITY-ST-ZIP: Plant City, Fl.33565-3105 <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: S/T/D/ NAME: Eaker, Paula Dawn STREET ADDRESS: 5103 Five Acre Road CITY-ST-ZIP: Plant City, Fl. <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: 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 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: <i>H. Lee Eaker</i> <i>H. Lee Eaker</i> <i>4-28-97</i> <i>8139869141</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (12/95)