

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J98992

(7)

1. Corporation Name

PREFERRED COMMERCIAL PROPERTIES, INC.



Principal Place of Business

5380 GULF OF MEXICO DR., STE 105A
STE 105A
LONGBOAT KEY FL 34228

Mailing Address

5380 GULF OF MEXICO DR., STE 105A
STE 105A
LONGBOAT KEY FL 34228

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 Co. & State

27 City & State

23 Zip Country

28 Zip Country

24 Country

29 Country

9. Name and Address of Current Registered Agent

JAMES, BURK L. JR.
5380 GULF OF MEXICO DR
STE 105A
LONGBOAT KEY FL 34228

3. Date Incorporated or Qualified
10/20/1987

3a. Date of Last Report
05/01/1995

4. FET Number
59-2851892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangibles tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.040 and 607.041, 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 607.040, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of the person who is the registered agent

Signature of the person who is the registered agent

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

PS
BURK, JAMES L. JR.
5380 GULF OF MEX DR 105A
LONGBOAT KEY FL
VTD
BURK, JAMES L. JR.
5380 GULF OF MEX DR 105A
LONGBOAT KEY FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, STATE, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, STATE, ZIP
20. TITLE

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this form 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 registered agent or trustee or power of attorney to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I change, delete, or add information with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

941-383-8989

DATE OF FILING

CR2E034 (12/95)