

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **L59214** (1)

1. Corporation Name

**PREFERRED RETIREMENT SERVICES, INC.**

95 MAR 13 AM 10:28

Principal Place of Business

% DAVID MAINGUY  
8500 W. SUNRISE BLVD.  
PLANTATION FL 33322

Mailing Address

% DAVID MAINGUY  
8500 W. SUNRISE BLVD.  
PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/22/1990

3a. Date of Last Report

01/28/1994

4. FEI Number

52-1671646

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

MAINGUY, DAVID  
8500 WEST SUNRISE BLVD.  
PLANTATION FL 33322

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME

PEAY, TERRY

STREET ADDRESS

1615 M ST., N.W., #850

CITY - ST - ZIP

WASHINGTON DC

TITLE

V

NAME

MAINGUY, ROBERT

STREET ADDRESS

8500 W SUNRISE BLVD

CITY - ST - ZIP

PLANTATION FL

TITLE

V

NAME

MAINGUY, DAVID

STREET ADDRESS

8500 W SUNRISE BLVD

CITY - ST - ZIP

PLANTATION FL

TITLE

S

NAME

KIRSCH, MARTIN J

STREET ADDRESS

1615 M ST NW #850

CITY - ST - ZIP

WASHINGTON DC

TITLE

T

NAME

HOCHMAN, JOEL J

STREET ADDRESS

1615 M ST NW #850

CITY - ST - ZIP

WASHINGTON DC

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ 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 110.07(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 007, 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

Date

Daytime Phone #