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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

L59214

(1)

PREFERRED RETIREMENT SERVICES, INC.



Principal Place of Business  * DAVID MAINGUY  8500 W. SUNRISE BLVD. PLANTATION FL 33322		Mailing Address  * DAVID MAINGUY  8500 W. SUNRISE BLYD. PLANTATION FL 33322		2 Data leconomisted or Orbited   20 Deve (Lev Company)			
					3. Data Incorporated or Qualified 03/22/1990	3a. Data 3/13	8/1995 <sup>rt</sup>
2. Principal l 21	Place of Business	2a. Mailing Address 26			4. FEI Number 52-167 1646	<b>-</b>	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>B.75</b> Additional Fee Required
City & Sta	ite	City & State		Election Campaign Financing     Trust Fund Contribution	\$	5.00 May Be Added to Fees	
Ζικι 24	Country 25	Zip 29	Countr	/	8. This corporation has liability for		
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent			10. Name and Address of New F		it
LIAME	NIN DAMO		81	Name			
MAINGUY, DAVID 8500 WEST SUNRISE BLVD. PLANTATION FL 33322			82	82 Street Address (P.O. Box Number is Not Acceptable)			
PLANI	ATION PL 33322		83				
			84	City		85	Zip Code
				' '	oration submits this statement for the pur	- FI	1 '
12.	T UP	D DIRECTORS  DELETE	NOTE Registered Age	ot signature requir	ad wher reinstating) ADDITIONS/CHANGES TO OFF		
NAME	PEAY, TERRY	L] DELETE	1 1 TITLE			☐ Cha	ange 🔲 Addition
STREET ADDRESS	1615 M ST., N.W., #850		1.2 NAME	ADDRESS			
CITY-ST ZII	WASHINGTON DC		1.5 STREC	1			
HILE	·		1.4 DiTY-1	ST-74P			
	MAINGRY DOREDT	DELFTE	1.4 CHY-1 2 1 THILE	ST-ZIP		☐ Cha	ange Addition
	MAINGUY, ROBERT	DELFTE		SI - ZIP		☐ Cha	ange Addition
STHEET ADDRESS	8500 W SUNRISE BLVD	DELFTE	2 1 TITLE 2 2 NAME 2 3 STREE	ADDRESS	·	☐ Cha	ange Addition
STHEFT ADDRESS	-		2 1 THTLE 2 2 NAME 2 3 STREE 2 4 CHY-1	ADDRESS			
STREET ADDRESS CITY-ST-ZIP TIPLE	8500 W SUNRISE BLVD PLANTATION FL V MAINGUY, DAVID	☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STREE 2 4 CITY-1	ADDRESS		☐ Cha	
STHEFT ADDRESS CITY+ST-ZIP TIPLE NAME	8500 W SUNRISE BLVD PLANTATION FL V MAINGUY, DAVID 8500 W SUNRISE BLVD		2 1 TITLE 22 NAME 23 STREE 24 CITY-1 3 1 TITLE 32 NAME	ADDRESS			
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4. Too 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 DIRECTO

1-19-96

407 - 750-7100