

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

95 JAN 18 AM 8:26

DOCUMENT # **P31682** (8)

1. Corporation Name
PRELOAD, INC.

Principal Place of Business PRELOAD INC 836 STEWART AVENUE GARDEN CITY NY 11530 US	Mailing Address PRELOAD INC 836 STEWART AVENUE GARDEN CITY NY 11530 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/18/1990	3a. Date of Last Report 02/08/1994
4. FEI Number 11-2325621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 in printed name of registered agent and title, if applicable. (NAME) Registered Agent signature required after filing.

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD TRIPP, ANDREW E., JR. 839 STEWART AVENUE GARDEN CITY NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BUSH, MICHAEL 839 STEWART AVE. GARDEN CITY NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SDT KLEIN, BRUCE P. 839 STEWART AVENUE GARDEN CITY NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LEGATOS, NICHOLAS 839 STEWART AVENUE GARDEN CITY NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD HORNSTEIN, JACK 839 STEWART AVENUE GARDEN CITY NY
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TRIPP, WILLIAM 3725 SE OCEAN BLVD. STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.03(4), 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 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 in an addition thereto.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bruce P. Klein, Secretary-Treasurer

(516) 222-0550
Telephone Number