

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

**APPROVED AND FILED**

95 FEB 20 PM 4: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P31682 (8)**  
1. Corporation Name  
**PRELOAD INC.**

Principal Place of Business: **PRELOAD INC. 839 STEWART AVE. GARDEN CITY, NY 11530**  
Mailing Address: **PRELOAD INC. 839 STEWART AVE. GARDEN CITY, NY 11530**

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:  **\$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 intangible tax under S. 199.032, Florida Statutes:  Yes  No **NO ACTIVITY**

2. Principal Place of Business: 21, 22, 23, 24, 25  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.:  
City & State:  
Zip: Country:

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  
85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPP, ANDREW E., JR.	1.2 NAME	
STREET ADDRESS	839 STEWART AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY, NY 11530	1.4 CITY - ST - ZIP	700001413217
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, MICHAEL	2.2 NAME	
STREET ADDRESS	839 STEWART AVENUE	2.3 STREET ADDRESS	****\$61.25 ****\$61.25
CITY - ST - ZIP	GARDEN CITY, NY 11530	2.4 CITY - ST - ZIP	
TITLE	SDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, BRUCE P.	3.2 NAME	
STREET ADDRESS	839 STEWART AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY, NY 11530	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGATOS, NICHOLAS	4.2 NAME	
STREET ADDRESS	839 STEWART AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY, NY 11530	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNSTEIN, JACK	5.2 NAME	
STREET ADDRESS	839 STEWART AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	GARDEN CITY, NY 11530	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIPP, WILLIAM	6.2 NAME	
STREET ADDRESS	3725 SE OCEAN BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	STUART, FL 34984	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information included 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **2/14/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BRUCE P. KLEIN SECRETARY-TREASURER**  
Telephone Number: **516-222-0550**