

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31682** (8)

1. Corporation Name

PRELOAD, INC.



Principal Place of Business

Mailing Address

**PRELOAD INC
839 STEWART AVENUE
GARDEN CITY NY 11530
US**

**PRELOAD INC
839 STEWART AVENUE
GARDEN CITY NY 11530
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/18/1990

3a. Date of Last Report

01/18/1995

4. FLE 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**

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0501, Florida Statutes.

SIGNATURE

Signature of person authorized to file this report

Signature of Agent(s) authorized to file

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	TRIPP, ANDREW E., JR.	
3. STREET ADDRESS	839 STEWART AVENUE	
4. CITY, ST, ZIP	GARDEN CITY NY	
5. TITLE	V	<input type="checkbox"/> DELETE
6. NAME	BUSH, MICHAEL	
7. STREET ADDRESS	839 STEWART AVE.	
8. CITY, ST, ZIP	GARDEN CITY NY	
9. TITLE	SDT	<input type="checkbox"/> DELETE
10. NAME	KLEIN, BRUCE P.	
11. STREET ADDRESS	839 STEWART AVENUE	
12. CITY, ST, ZIP	GARDEN CITY NY	
13. TITLE	V	<input type="checkbox"/> DELETE
14. NAME	LEGATOS, NICHOLAS	
15. STREET ADDRESS	839 STEWART AVENUE	
16. CITY, ST, ZIP	GARDEN CITY NY	
17. TITLE	VD	<input type="checkbox"/> DELETE
18. NAME	HORNSTEIN, JACK	
19. STREET ADDRESS	839 STEWART AVENUE	
20. CITY, ST, ZIP	GARDEN CITY NY	
21. TITLE	D	<input type="checkbox"/> DELETE
22. NAME	TRIPP, WILLIAM	
23. STREET ADDRESS	3725 SE OCEAN BLVD.	
24. CITY, ST, ZIP	STUART FL	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 119.07(3)(b), 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 person 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 attached list with an address.

SIGNATURE:

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

1/31/96

(516) 222-0550

CR2E034 (12/95)