

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31682 (8)

1. Corporation Name
PRELOAD, INC.



Principal Place of Business PRELOAD INC 839 STEWART AVENUE GARDEN CITY NY 11530 US	Mailing Address PRELOAD INC 839 STEWART AVENUE GARDEN CITY NY 11530-4810 US
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3. Date Incorporated or Qualified 10/18/1990	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 Suite Apt # etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number 11-2325621	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 checked="" type="checkbox"/> NO ACTIVITY	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRIPP, ANDREW E., JR.	
STREET ADDRESS	839 STEWART AVENUE	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSH, MICHAEL	
STREET ADDRESS	839 STEWART AVE.	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	KLEIN, BRUCE P.	
STREET ADDRESS	839 STEWART AVENUE	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEGATOS, NICHOLAS	
STREET ADDRESS	839 STEWART AVENUE	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORNSTEIN, JACK	
STREET ADDRESS	839 STEWART AVENUE	
CITY - ST - ZIP	GARDEN CITY NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRIPP, WILLIAM	
STREET ADDRESS	3725 SE OCEAN BLVD.	
CITY - ST - ZIP	STUART FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date: **4/14/97** Daytime Phone: **516 222-0550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)