

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ **NO ACTIVITY**

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

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 or printed name of registered agent and title if applicable.

(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 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

SIGNATURE

1/15/98

(516) 222-0550

CR2E034 (10/97)