

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90017 022 ***150.00

DOCUMENT # P31682

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

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 checked="" 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 checked="" 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 | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Sherrod Waites | |
| 1.3 STREET ADDRESS | 839 Stewart Avenue | |
| 1.4 CITY-ST-ZIP | Garden City, NY 11530 | |
| 2.1 TITLE | Secretary/Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Joanne C. Marrone | |
| 2.3 STREET ADDRESS | 839 Stewart Avenue | |
| 2.4 CITY-ST-ZIP | Garden City, NY 11530 | |
| 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, with all other like empowered.

SIGNATURE:

Joanne C. Marrone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joanne C. Marrone, Secretary/Treasurer

March 10, 1999

Date

(516) 222-0550

Daytime Phone #

CR2E034 (1/98)