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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 

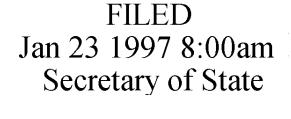


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000021181 (1)



PREFER	ired services guaran	TEED, INC.					
Principal Place	L of Business	Mailing Address			- I FORMANDO AND CONDUCTOR CONTROL CON	// 405980 J/D80 91000 HOUR) 165401 J/D/ 70001	ļ
901 NW 8TH A	IVE	901 NW 8TH AVE					
SUITE CS	P1 60004	C5	**				
GAINESVILLE I US	rL 326U1	GAINESVILLE FL 32601 US	-3809		3. Date incorporated or Qualified	3a. Date of Last Report	
		•			03/18/1993	09/26/1996	
<b>2.</b> Principa Pi	iace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	
21		26			59-3175664	Not Applica	
Suite Apt	# etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additiona	31
(22) City & State		City & Chale		<del></del>		Fee Required	
23	u .	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
<b>2</b> φ	Country	<b>28</b>	Count	rv			
24 25		29	30		8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes Yes		
	9. Name and Address of Curr				10. Name and Address of New Re	gistered Agent	
WRI	GHT, ALTHEA		8	1 Name			
	JTE 2 BOX 74		8	2 Street Add	lress (P.O. Box Number is Not Acceptab	ile)	
TRE	NTON FL 32693				·		
			. 8	3		·	
			8	4 City		85 Zip Code	
11. Pursuant i	to the consistent of Sections 637.0	502 and 607 1508 Florida Stat	lules the sho	ve-named cor	poration submits this statement for the r		
agent. Lar SIGNATURE (	Cetthea T. UN Separate typist of product rand of regions of the	alex, Pres			poration submits this statement for the pation's board of directors. I hereby acception in the patient of the p	7/97 DATE	
11114	D	DELETE	1.1 7(1)			☐ Change ☐ Add	dition
NAME	WRIGHT, ALTHEA		1.2 NAM	E			
STREET ADDRESS	RT 2 BOX 74		1.3 STRE	ET ADDRESS			
011Y+ \$1+Z0	TRENTON FL 32693	D DOLLAR	1.4 CITY				
TITLE	D Basak, Charlotte	☐ DECETE	2.1 1(1)(6			☐ Change ☐ Add	Jition
NAME STREET ADORESS	3224 NW 25TH AVE.		2.2 NAM	ET ADDRESS			
Cily- \$1-206	GAINESVILLE FL 3260	ń	2.3 STRE	i			
10116		DELETE	3.1 TOLE			☐ Change ☐ Add	dilion
MAME			3.2 NAM	E			
STREET ADORESS			3.3 STRE	ET ADDRESS			
CITY-S1-7F			3 4. CITY	- ST - ZIP			
1111.6		☐ DELETE	4.1 TITLE			Change Add	dilion
NAME			4. 2 NAM				
STREET ADORESS				ET ADDRESS			
CITY - S1 - ZIF FILLE		DELETE	4.4 CITY 5.1 TITE	······································		Change Add	dition
NAME		LI DELL'II	5.2 NAM			L. Vilange L. Allo	WII (A)
STREET LADYORESS				ET AODRESS			
CHY-SI-Zif			5.4 CITY				
TITLE		DELETE	6.1 HTLE			Change Add	iition
NAME			6 2 NAM	E			
STREET ADORESS			63 STRE	ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
Information Lam an of	n indicated on this annual report o	r supplemental annual report is or the receiver or trustee empi	s frue and ac owered to exe	curate and tha	d in Section 119.07(3)(r), Florida Statute it my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as if made under oath:	; that