FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED FILED

TALLAHASSEE, FLORIDA

DOCUMENT # P93000045857 (8)

1. Corporation Name
I V PREFERRED TECHNOLOGY CORP.

Principal Place of Business
2500 GULF BLVD
BELLAIRE BEACH FL 34635

Mailing Address
2500 GULF BLVD
#105-A
BELLAIRE BEACH FL 34635
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1993
3a. Date of Last Report: 06/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3189011 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWNE, CHAD W ESQ 111 E MADISON ST SUITE 2300 TAMPA FL 33602	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	PETERS, JOHN C	1 NAME	
STREET ADDRESS	2500 GULF BLVD	1 STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE BEACH FL 34635	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change ☐ Addition
NAME	KAFFI, WAYNE	2 NAME	
STREET ADDRESS	107 CAUSEWAY BLVD	2 STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE BEACH FL	2 CITY-ST-ZIP	
TITLE	ST	3 TITLE	☐ Change ☐ Addition
NAME	KAFFI, MARYJO	3 NAME	
STREET ADDRESS	107 CAUSEWAY BLVD	3 STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE BEACH FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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: John C. Peters, Director — 4/26/95 — 813 595 5681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0370820 CP