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May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 002 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000050677

1. Corporation Name

Preferred Claims Suc, Inc

Principal Place of Business

Mailing Address

1230 SW 85 Terr
 Pemb Pines, FL
 33025

1689 N Hiatus Rd #214
 Pemb Pines, FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

July 20, 1993

2. Principal Place of Business

2a. Mailing Address

21 1230 SW 85 Terr

26 1689 N Hiatus Rd

4. FEI Number

65-0428664

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
 Pemb Pines FL

27 City & State
 Pembroke Pines, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country
 33025 FL

28 Zip Country
 33026 FL

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Anthony J Hernandez
 1230 SW 85 Terr
 Pemb. Pines, FL 33025

81 Name
 NONE

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 *Anthony J Hernandez*
 Signature, typed or printed name of registered agent and when applicable

Anthony J Hernandez
 (NOTE: Registered agent signature required when reinstating)

4-19-99
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President DELETE
 NAME Anthony Hernandez
 STREET ADDRESS 1230 SW 85 Terr
 CITY-ST-ZIP Pemb Pines, FL 33025

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE V-Pres. DELETE
 NAME Teri Hernandez
 STREET ADDRESS 1230 SW 85 Terr
 CITY-ST-ZIP Pemb Pines, FL 33025

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE Secretary DELETE
 NAME Teri Hernandez
 STREET ADDRESS 1230 SW 85 Terr
 CITY-ST-ZIP Pemb Pines, FL 33025

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE Treasurer DELETE
 NAME Anthony Hernandez
 STREET ADDRESS 1230 SW 85 Terr
 CITY-ST-ZIP Pemb Pines, FL 33025

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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: *Teri Hernandez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 954-450-8489
 Date Daytime Phone #

CR2E034 (1/98)