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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000081571 (0)

PREFERRED RETAIL SERVICES, INC.

Principal Place of Business Mailing Address 8405 NW 59RD STREET 8405 NW 53RD STREET STE. C-212 STE. C-212 MIAMI FL 33166-4561 MIAMI FL 33168 3. Date Incorporated or Qualified 3a. Date of Last Report 11/26/1993 04/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0451277 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 28 Trust Fund Contribution Added to Fees Country Country Ζip Zip This corporation has liability for intangible tax under s. 199.032, 25 Yes No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOOMAR, L GREGORY ESO 81 2875 S UNIVERSITY DR Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33328 83 City Zip Code 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 of 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 agend and file if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DÉLETE Change Addition TITLE 13 THE GLICK, LEONARD NAME **1.2 NAME** 1045 SPYGLASS STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33326 1.4 CITY - ST- ZIP CITY-ST-ZIF DELETE Change Addition TITLE 211/ILE KLEM, BARBARA A 2.2 NAME 14891 SW 150TH STREET ADDRESS 2.3 STRELL ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 2 4 CHY-ST-7IP DELETE Change Addition TITLE 31 TITLE 3.2:NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - ST-ZIP DELFTE Change Addition 4.1 11116 TITLE 4. Ź NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7IP DELETE Addition Change TITLE 5.1 THUE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 ICHTY - \$1 - ZIP CITY-ST-ZIP DELLTE Change Addition TITLE 6.1 TITLE 6.2 NAME

or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated on this annual I am an officer or director of the cor or on an attachment with an address

14. I do 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

6.3 STREET ADDRESS 6.4 DITY-ST-ZIP

NAME STREET ADDRESS

FILED

May 06 1997 8:00am

Secretary of State