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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000018103 (9)

1. Corporation Name

PREFERRED ASSET MANAGEMENT SERVICES, INC.

Principal Place of Business

C/O FURMAN T. MARTIN III
8712 DRIFTWOOD DR
TAMPA FL 33615

Mailing Address

C/O FURMAN T. MARTIN III
8712 DRIFTWOOD DR
TAMPA FL 33615



3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3111 W. DELEON ST.

26 P.O. BOX 4327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 6

27

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip

Country

Zip

Country

24 33609

25 USA

29 33677

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EHLERS, RONA R
6113 GALLEON WAY
TAMPA FL 33615

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MARTIN, FURMAN T III
STREET ADDRESS 8712 DRIFTWOOD DR
CITY-ST-ZIP TAMPA FL 33615

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
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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(3)(k), 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: Furman T. Martin III Furman T. Martin III April 15, 1996 813-877-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)