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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019316 (5)

PREFERRED MORTGAGE CONSULTANTS, INC.

FILED May 08 1997 8:00am Secretary of State



Poncipal Place	Principal Place of Business Mailing Address						
1515 UNIVERSITY DR 1515 UNIVERSITY DR #105							
					1		
CORAL SPRING	S LF 33071	CORAL SPRINGS FL 33071	-6065				
US		US			3. Date Incorporated or Qualified 03/09/1995	3a. Date of Las 06/08/1996	
2. Principal Pa	ane of Business	2a. Mailing Address	Λ		4. FEI Number		Applied For
21 2263	NW BUCA RATEN BUY	1 26 2263 NW DOI	CA KA	TON BLYD	65-0561824		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite 108 27 Suite 108					6. Certificate of Status Desired	1 1 '	5 Additional Required
	City & State City & State			_	6. Election Campaign Financing	\$5.0)0 May Be
23 BOCA	KATON FL	28 BOCA RATUI	s l	- L.	Trust Fund Contribution		d to Fees
Zφ	Country	Žip	Count		8. This corporation has liability for in	ntangible tax unde	r s. 199.032,
24 334	32 25 USA	20 33432	30	15 A		Yes No	
	g, Name and Address of Current				10. Name and Address of New Reg	Istered Agent	
COR	PORATION INFORMATION SERVI	CES INC.	8	1 Name			
1201	HAYS ST.		ä	2 Street Addr	ess (P.O. Box Number is Not Acceptab	۵)	
TALLAHASSEE FL 32301					ess (F.O. DOX Number is 140) Acceptab	e)	
,			8	3			
							
			8	4 City		FL 85 Z	ip Code
agent Far SIGNATURE	n familiar with, and accopt the obligat	ions of, Section 607.0505, Flo	orida Statut	es.	ion's board of directors. I hereby accep	· · · · · · · · · · · · · · · · · · ·	
	Signature, typied or printed name of registered agen			gent signature require		DATE	ODC IN 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PEDMOTEIN IACK C	DELETE	1.1 TITLE	l l		[_] Chang	ge L. Addition
NAMÉ	BERNSTEIN, JACK C	OTE AM	1.2 NAM	·)		a a	
STREET ADDRESS	185 N.W. SPANISH RIVER BLVI	., SIE. 22U	1.3 STRE	ET ADORESS .			
CITY - S1 - ZiF	BOCA RATON FL 33431		1.4 CITY	-ST-ZIP .			
THEF	S	DELETE	2 1 TITLE	.		Chang	ge L. Addition
Name	BOLLES, RICHARD A		22 NAM	E [
STREET ADDRESS	185 N.W. SPANISH RIVER BLVI)., STE. 220	2.3 STRE	ET ADDRESS			
CITY-ST ZIP	BOCA RATON FL 33431		2. 4 CITY	'-ST-ZiP		<u> </u>	
THEE		[] DELETE	3.1 TITLE			☐ Chang	ge 🔲 Addition
NAME			3.2 NAM	E .		<u>.</u>	
STREET ADDRESS			3.3 STRE	ET ADDRESS	*		
DITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		DELETE	4.1 TITLE			Chang	je 🔲 Addition
NAME			4. 2 NAN	16]			
STREET ADORESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			44 CiTY	-SY-ZIP			
TITLE		☐ DELETE	5.1 TITLI			☐ Chang	ge Addition
NAMÉ			5.2 NAM	E			
STREET ADDRESS				ET ADDRESS			
CHY-S'-ZIP			5.4 CITY				
TILLE		DELETE	6.1 T/TL			Chang	ge Addition
NAMÉ			6.2 NAM	ı		Read - 1872	
) }			1	ET ADDRESS			
STREET ADDRESS							
CITY-ST-7/2	south that the information a male of	with this files does not avail		- ST-ZIP	In Section 110 07/3Vi) Florida Statuter	Literation portificati	nat the

Loc nereby certry that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this elinibility report or supplier and 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 dorporation of the required 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, no har intachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline 1 rate

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