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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000065488 (5)

PREFERRED PLUS, INC.

FILED Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									HIII ed ii d d ifei	Billi Biggi (g	ISON SOME LOCAL
258 TIMDER PLACE CASSELBERRY FL 32707			25 C/	258 TINDER PLACE CASSELBERRY FL 32707				DO NOT WRITE	IN THIS SE	PACE	
l								3. Date Incorporated or Qualified		-	
								08/23/1995			
2. Principal P	2a. I	Mailing Add	dress			4. FEI Number		Ar	oplied For		
21	26					59-3330507			ot Applicable		
Suite, Apt.	ļ - -	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional		
City & State	27	City & State						···-	equired		
23			h	28				6. Election Campaign Financing Trust Fund Contribution	\Box		May Be to Fees
Zip		Country		Zip	******	Country	y				
24	Ì	25 29 30			_ `		8. This corporation owes or has paid the current year Inlangible Personal Properly Tax due June 30.				
	9. Name and Address of Current Registered A							10. Name and Address of New Registered Agent			
JAI	HANMIRY, I	HASSAN S				81	Name				
258 TINDER PLACE						82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
CA						nareda (i ra. Bax Humbar la Hot riccoptat					
						83					
						84	City			85 Zip (Code
							1		FL	`	
11. Pursuant to office or reagent. La	to the provisi egistered age m familiar wit	ons of Sections 6 ent, or both, in the h, and accept the	07.0502 and 607 State of Florida cobligations of, :	7.1508, Floj i. Such chá Section 601	rida Statutes, inge was aut 7,0505, Florig	, the abov horized b da Statute	e-named co y the corpor s.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of c appoi	hanging it ntment as	s registered registered
SIGNATURE SEYED HASSON Johanmiry H flux PRESIDENT (Same agent) Signature, typical on princed name of required agent and the information (NOTE progress Agent signature required when reinstance) DATE											
12.		OFFICE	RS AND DIRECT			/13.		ADDITIONS/CHANGES TO OFFIC			S IN 12
TITLE	P	HDV 0 114004		□ ()ELECTE	1.1 TITLE				Change	☐ Addition
NAME		IIRY, S. HASSA	N			1.2 NAME	ľ				İ
STREET ADORESS		DER PLACE BERRY FL 327(\ *			1.3 STREET					ľ
CITY-ST-ZIP TITLE	VPST	DENNT PL 32/1) <i>!</i>)ELET E	1.4 CITY - 9	T-ZIP		····	٦.,.	
NAME		IRY, NAHID M		<u></u> Ц	TETE IE	2.1 TITLE			L	_ Change	LJ Addition
STREET ADDRESS		DER PLACE				2.2 NAME					
CITY-ST-ZIP		BERRY FL 327(17			2.3 STREFT					
TITLE	OHOULD	DEFINIT TE OFF	···	П	ELETE	2. 4 CITY -: 3.1 TITLE	53 - ZIP		г	Change	Addition
NAME						3.2 NAME			-	T ourrest Pe	Addition
STREET ADDRESS						3.3 STREET	ADDRESS				
CITY-ST-ZIP						3.4. CITY - :	ŀ				
TITLE					ELETE	4.1 TITLE		-	l.	Change	☐ Addition
NAME						4. 2 NAME				•	
STREET ADDRESS						4.3 STREET	ADDRESS				
CITY-ST-ZIP						4.4 CITY-S	T- ZIP				
TITLE					ELETE	5.1 TITLE			L	Change	☐ Addition
NAME						5.2 NAME					
STREET ADDRESS						5.3 STREET	ADDRESS				
CITY-ST-ZIP						5.4 City-S	T- ZIP	·			1
TITLE				□D	ELETE	6.1 TITLE				Change	☐ Addition
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET	ADDRESS				
CITY-ST-ZIP	- 17 - 17 - 17 - 17					6.4 CITY - S	T- ZIP				

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 changes for on in attachment with an address. (407)696_8092