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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Apr 15 1997 8:00am Secretary of State Sandra B. Mortham ANNUAL REPORT Socretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P95000096689 (1) PREFERRED TECHNOLOGIES, INC. Principal Place of Business Mailing Address 7783 CEDAR HURST CT 7783 CEDAR HURST CT LAKE WORTH FL 33467 LAKE WORTH FL 33467-7878 3. Date Incorporated or Qualified 3s. Date of Last Report 12/18/1995 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0631778 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution П Added to Fees Country Zio Country Zio This corporation has liability for intangible tax under s. 199.032, Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LUPO, JOSEPH A 7783 CEDAR HURST CT Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33487 83 84 City Zip Code 85 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 priced name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) TITLE DELETE 1.1 TITLE Change Addition NAME LUPO, JOSEPH A 1.2 NAME CR2E034 STREET ADDRESS 7783 CEDAR HURST CT 1.3 STREET ADDRESS LAKE WORTH FL 33467 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-S1-ZIP 2.4 CITY-ST-ZIP DELETE Change THLE 3.1 TITLE Addition NAM 3.2 NÁME STHEET ADDRESS 3.3 STREET ADDRESS CITY - \$1 - 7/2 3.4. CITY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE NAMi 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - \$1 - 76° 44 CITY+ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-S1-ZIP 5.4 CITY-ST-ZIP THE DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 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

SIGNATURE:

CHY-St-76

COUTOSEPH

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