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 # P96000007899 (3)

PREFERRED PROPERTIES GROUP, INC. Principal Place of Business Mailing Address 7040 WEST PALMETTO PARK ROAD, SUITE 225 7040 WEST PALMETTO PARK ROAD, SUITE 225 **BOCA RATON FL 83433** BOCA RATON FL 33433-3407 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1996 96 2, Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & Stale \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 30 Florida Statutos 🛛 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD Name NINE CK 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL GABLES FL 33134** 83 84 City KANN 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. I am lamiliar with land acquire the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 18. DELETE TITLE 1.1 HILE Change POMEROY, JASON NAME 1.2 NAME 7040 WEST PALMETTO PARK ROAD, SUITE 225 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE Change DWECK, DAVID NAME 2.2 NAME 7040 WEST PALMETTO PARK ROAD, SUITE 225 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 41 ITLE Change ■ Addition 4. 2 NAME STREET ADDRESS 4.3 \$TREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP **DELETE** TITLE 5.1 1ITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Addition TITLE 6.1 TITLE ☐ Change 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - \$1 - 2IP

SIGNATURE:

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 this congrettion 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 offan attachment with an address. 954-346-2334

FILED

May 12 1997 8:00am

Secretary of State