

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033717 (5)

1. Corporation Name

PREFERRED SITES, INC.



Principal Place of Business

Mailing Address

~~2005 S BAYSHORE DR~~
~~SUITE M-103~~
~~COCONUT GROVE FL 33133~~

~~2005 S BAYSHORE DR~~
~~SUITE M-103~~
~~COCONUT GROVE FL 33133~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. 3225 Aviation Ave.	25. 3225 Aviation Ave.
22. Suite 700	26. Suite 700
23. Coconut Grove, FL	27. Coconut Grove, FL
24. 33133	28. 33133
25. USA	29. USA
30. USA	

3. Date Incorporated or Qualified	04/15/1996
4. FEI Number	65-0703539
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Int Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARS, IRWIN S 2005 S BAYSHORE DR SUITE M-103 COCONUT GROVE FL 33133	81. Name: GARS, Irwin S. 82. Street Address (P.O. Box Number is Not Acceptable): 3225 AVIATION AVE. 83. SUITE 700 84. City: COCONUT GROVE FL 85. Zip Code: 33133

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOT Registered Agent signature required when reinstating) DATE: 4/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D.S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARS, IRWIN S	1.2 NAME	GARS, IRWIN S.
STREET ADDRESS	2005 S BAYSHORE DR M-103	1.3 STREET ADDRESS	3225 AVIATION AVE, SUITE 700
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D.T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENARD, HOWARD B	2.2 NAME	LENARD, HOWARD B.
STREET ADDRESS	2005 S BAYSHORE DR M-103	2.3 STREET ADDRESS	3225 AVIATION AVE, SUITE 700
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBMAN, BLEEMA	3.2 NAME	
STREET ADDRESS	300 BAYVIEW DR #816	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	3.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, IRA A	4.2 NAME	SUSSMAN, IRA A
STREET ADDRESS	2005 S BAYSHORE DR M-103	4.3 STREET ADDRESS	3225 AVIATION AVE SUITE 700
CITY-ST-ZIP	COCONUT GROVE FL 33133	4.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSSMAN, JOEL	5.2 NAME	SUSSMAN, JOEL
STREET ADDRESS	2005 S BAYSHORE DR M-103	5.3 STREET ADDRESS	3225 AVIATION AVE SUITE 700
CITY-ST-ZIP	COCONUT GROVE FL 33133	5.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/16/98 205-854-6666

CR2E034 (10/97)