

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED
9/10/97

97 SEP 19 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000042310 (8)**

1. Corporation Name

PREFERRED PRICING INCORPORATED

Principal Place of Business

**6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

Mailing Address

**6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/13/1996	3a. Date of Last Report
4. FEI Number 59-3379008	Applied For <input type="checkbox"/> Not Applicable
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 Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**GOVAN, JAN
6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVAN, JAN	1.2 NAME	000002302730--3
STREET ADDRESS	6500 CENTRAL AVENUE	1.3 STREET ADDRESS	-09/24/97--01100--003
CITY-ST-ZIP	ST. PETERSBURG FL 33707	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, JOAN J	2.2 NAME	
STREET ADDRESS	6500 CENTRAL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature] 9/15/97

CR2E034 (4/97)

P.P.L. - PREFERRED PRICING, INC

September 15, 1997

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Preferred Pricing, Inc.
Document Number: P96000042310 (8)

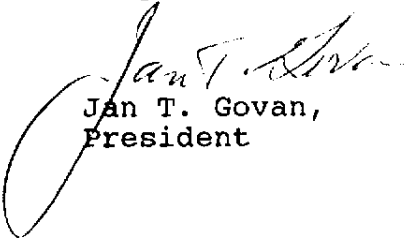
Dear Sir/Madam:

Enclosed please find Preferred Pricing, Inc.'s 1997 Profit Corporation Annual Report form along with our check number 1169 in the amount of \$165.00.

Please remove Joan J. Good as an Officer and Director, as she has not been with our company for several months. This may have been the reason we did not receive the new 1997 Profit Corporation Annual Report form.

If you have any questions, please contact my office at (813) 347-6610.

Very truly yours,


Jan T. Govan,
President