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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600062013

PREFERRED MORTGAGE SERVICES, INC.

		· ·								
Principal Place	e of Business	Mailing Address	•				II II V III	in iimis i		100 1111 1001
1000 N. HIATUS	S RD.	1000 N. HIATUS RD. SUITE 130								
SUITE 130 SUITE 130 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026						DO NOT WRITE IN THIS SPACE				
T CHIEFTORE T III						3. Date Incorporated or Qualifed				
	•					07/24/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Appl	ied For
21	· ·	26				65-0684318			Not a	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired				Iditional
22		27				3. Certificate of Status Desired		Fe	Req	uired
City & State	e	City & State				6. Election Campaign Financing				lay Be
23 =		28				Trust Fund Contribution		Add	led to	Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year			_	٦
24	25		30			Personal Property Tax.		Yes		No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Aç	jent		
חוט	UE, SANTIAGO			81	Name					}
	SE 3RD AVE		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		•	•	
	E 301		Ţ			<u></u>				
}			1	83						
FUR	T LAUDERDALE FL 33026		F	84	City			85	Zip Co	ode
					-		L			
44 0	to the provisions of Sections 607 050	2 and 607.1508. Florida Statute:	s, the ab	hove-r	named corpo	pration submits this statement for the purpose	Of CL	nangin	ginsre	egisterea
office or r	egistered agent or both in the State	of Florida, Such change was au	thorized	by the	e corporation	n's board of directors. I hereby accept the ap	pointr	ment a	s regi:	stered
office or r	registered agent, or both, in the State or familiar with, and accept the obligation	of Florida. Such change was au	thorized	l by th	e corporation	n's board of directors. I hereby accept the ap	pointr	nent a	s regi:	stered
office or r agent. I a	egistered agent, or both, in the State rn familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized ida Statu	iby the	e corporation	n's board of directors. Thereby accept the ap	pointr	ment a	s regi:	stered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with the 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 suppliemental and hal 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 or on an attact green with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90044 006 ***150.00