

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90091 035 ***150.00

DOCUMENT # S22658

1. Corporation Name

PREFERRED DISTRIBUTION SERVICES, INC.

Principal Place of Business

2090 PALM BCH LKS BLVD
STE 800
W PALM BEACH FL 33409

Mailing Address

2090 PALM BCH LKS BLVD
STE 800
W PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1990

4. FEI Number

65-0238132

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CHILLINGWORTH, CHARLES C. ESQ
2090 PALM BCH LKS BLVD
STE 800
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Str. Jeanne Odom Conway, Esq. (acceptable)

83 580 Village Blvd., Suite 160
West Palm Beach, FL 33409

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

Jeanne Odom Conway

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME CHILLINGWORTH, CHARLES C
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. #800
CITY-ST-ZIP W PALM BEACH FL

TITLE S ☐ DELETE

NAME FEKETE, HELEN K
STREET ADDRESS 2090 PALM BEACH LAKES BLVD. #800
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Charles C. Chillingworth
1.3 STREET ADDRESS 257 Granada Road
1.4 CITY-ST-ZIP West Palm Beach, FL 33409

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 580 Village Blvd.
2.3 STREET ADDRESS Suite 160
2.4 CITY-ST-ZIP West Palm Beach, FL 33409

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

561-640-0020

Daytime Phone #

CR2E034 (1/98)

036/592