

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

FILED
97 JUN 30 PM 2: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S37447
1. Corporation Name

St. Joseph's Preferred, Inc.

Principal Place of Business: 3003 W. Dr. ML King Blvd. Tampa, FL 33607
Mailing Address: P.O. Box 4227 PHO Office 3rd Fl. MAB Tampa, FL 33677

3. Date Incorporated or Qualified: 3/11/91
3a. Date of Last Report: 5/1/96
4. FEI Number: 59-3055643
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Mallah, Isaac
82 Street Address (P.O. Box Number is Not Acceptable): 3003 W. Dr. ML King Blvd.
83
84 City: Tampa FL 85 Zip Code: 33607

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 607.0502, Florida Statutes.

SIGNATURE: Isaac Mallah Isaac Mallah
DATE: 6/23/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T/S/D	<input type="checkbox"/> DELETE
NAME	Mallah, Isaac	
STREET ADDRESS	3003 W. Dr. ML King Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	V/P	<input type="checkbox"/> DELETE
NAME	Agliano, Dennis	
STREET ADDRESS	4600 N. Habana	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	C/D	<input type="checkbox"/> DELETE
NAME	Pitisci, Gilbert	
STREET ADDRESS	3003 W. Dr. ML King Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	Cernuda, Charles	
STREET ADDRESS	4900 N. Habana	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Biebel, John	
STREET ADDRESS	3003 W. Dr. ML King Blvd.	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	100002233051
2.3 STREET ADDRESS	-07/08/97--01075--002
2.4 CITY-ST-ZIP	*****558.75 *****558.75
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	France, Lane
6.4 CITY-ST-ZIP	3222 Azele Street Tampa, FL 33609

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: Isaac Mallah 6/23/97 (813)870-4230

CR2E034 (9/96)