

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.)

1-2

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 JUL 18 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58180** (8)
1. Corporation Name
A PREFERRED SERVICE OF PALM BEACH COUNTY, INC.



Principal Place of Business 10553 BOBBIE LANE ROYAL PALM BEACH FL 33411	Mailing Address 10553 BOBBIE LANE ROYAL PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 109 Brook Woods Ave Suite, Apt. #, etc.		2a. Mailing Address 26 109 Brook Woods Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/10/1991	3a. Date of Last Report 04/08/1996
22		27		4. FEI Number 65-0259035	Applied For Not Applicable
23 City & State Royal Palm Bch Fl.		28 City & State Royal Palm Bch P.B.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33411		29 Zip 33411		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country Palm Bch		30 Country Palm Bch		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	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAYER, JOE
10553 BOBBIE LANE
ROYAL PALM BEACH FL 33411**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	800002248518--1
83	-07/28/97--01005--005
84 City	FL
85 Zip Code	33411

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 NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, ZOLTAN J. 10553 BOBBIE LANE ROYAL PALM BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D MAYER, Zoltan J. 109 Brook Woods Ave Royal Palm Bch. Fl. 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)

7/15/97

Dear People

I received the 2nd notice of annual report 7/14/97 - On 7-15-97 checked with my accountant to see if it was paid. They say no. I ck all my records. I found 1996 last one Pd. I have never received. 1st copy of notice. I called Jam office & spoke to Mike he said, make ck for \$225.00 & send letter explaining. This is letter & \$225.00 ck which is going in the mail today. I am sorry for any inconvenience, but if I would have received, argued I would have mailed it promptly as I do with all payments & bills.

Thank you



Cotton J. Mayem