

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S64215** (4)

1. Corporation Name

PREFERRED FLORIDA PROPERTIES, INC.



Principal Place of Business

ATTN E KLEMENTS
19353 US HWY 19 N. S100
CLEARWATER FL 34624
US

Mailing Address

ATTN E KLEMENTS
P O BOX 6600
CLEARWATER FL 34618
US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 State, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 07/05/1991	3a. Date of Last Report 04/11/1995
4. FEI Number 59-3074977	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MORRIS A LECOMPTE, ESQ
100 SECOND AVENUE SOUTH
CITY CENTER 12TH FLOOR
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent of the corporation

Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COPE, RICHARD W	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DSA	<input type="checkbox"/> DELETE
NAME	TOOKE, EDWIN C	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MUELLER, JAMES G	
STREET ADDRESS	2101 W. COMMERCIAL BLVD. #400	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	STICCO, LEWIS A	
STREET ADDRESS	19353 US HWY 19 N S100	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS		<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 CITY-ST-ZIP			
31 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS	7100 W. Commercial Blvd.		
34 CITY-ST-ZIP	33319	<input checked="" type="checkbox"/>	<input type="checkbox"/>
41 TITLE	TAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g) 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 Book 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. A. Sticco* Lewis A. Sticco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 813/5385468
Date (yyyy-mm-dd) (Corporate Phone #)

CR2E034 (12/95)