

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

FILED

Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 34616-6600  
US

3. Date Incorporated or Qualified 07/05/1991  
3a. Date of Last Report 04/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3074977

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Jill Fisher Powers-Esquire

82 Street Address (P.O. Box Number is Not Acceptable)  
19353 US HWY 19 N.

83 Suite 100

84 City Clearwater

FL

85 Zip Code 34624

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 Jill Fisher Powers-Esquire

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

(NOTE: Registered Agent signature required when reinstating)

2/22/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME COPE, RICHARD W  
STREET ADDRESS 19353 US HWY 19 N S100  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE DSA  
NAME TOOKE, EDWIN C  
STREET ADDRESS 19353 US HWY 19 N S100  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE DV  
NAME MUELLER, JAMES G  
STREET ADDRESS 7100 W. COMMERCIAL BLVD.  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

TITLE TAS  
NAME STICCO, LEWIS A  
STREET ADDRESS 19353 US HWY 19 N S100  
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Lewis A. Sticco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97

Date

(813) 538-3468

CR2E034 (9/96)