

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S80927** (4)

1. Corporation Name
PREFERRED FLORIDA RENTALS, 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 (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, Apt., City, State, Zip, and Country.

3. Date Incorporated or Qualified: **09/18/1991**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3085382**
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 LECOMPTE, ESQ 100 SECOND AVENUE SOUTH CITY CENTER 12TH FLOOR ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: COPE, RICHARD W.	1. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 19353 US HWY 19 N S100	CITY-STATE-ZIP: CLEARWATER FL	2. TITLE:	Change: <input checked="" type="checkbox"/> Add: <input type="checkbox"/>
TITLE: VD	NAME: MUELLER, JAMES G.	2. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 2101 W. COMMERCIAL BLVD #4005 XX	CITY-STATE-ZIP: FT. LAUDERDALE FL	2. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE: ATS	NAME: TOOKE, EDWIN C.	2. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 19353 US HWY 19 N S100	CITY-STATE-ZIP: CLEARWATER FL	3. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE: D	NAME: TOOKE, EDWIN C.	3. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 19353 US HWY 19 N S100	CITY-STATE-ZIP: CLEARWATER FL	3. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE: TAS	NAME: STICCO, LEWIS A.	3. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 19353 US HWY 19 N S100	CITY-STATE-ZIP: CLEARWATER FL	4. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE:	NAME:	4. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	4. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
CITY-STATE-ZIP:		4. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
TITLE:	NAME:	5. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	5. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
CITY-STATE-ZIP:		5. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		5. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		6. TITLE:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		6. NAME:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		6. STREET ADDRESS:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>
		6. CITY-STATE-ZIP:	Change: <input type="checkbox"/> Add: <input type="checkbox"/>

7100 W. Commercial Blvd.
33319

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 Block 12 or Block 13 if changed, or on an attachment with an address.

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

Lewis A. Sticco 4-5-96

813/538-5458

CR2E034 (12/95)