

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V10570

(2)

1. Corporation Name

PREG INVESTMENT CORP.



Principal Place of Business

21-D RIDGE POINTE DRIVE
BOYNTON BEACH FL 33435

Mailing Address

21-D RIDGE POINTE DRIVE
BOYNTON BEACH FL 33435

3. Date Incorporated or Qualified

01/30/1992

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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29

30

4. FEI Number

65-0382813

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

10. Name and Address of New Registered Agent

TOMBERG, JEFF
626 S.E. 4TH ST.
BOYNTON BEACH FL 33425

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 officer 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 sign in red ink when not holding

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ARRASATE, NANCY
139 BEACH RD./P.O. BOX 348
WESTHAMPTON BEACH FL 11978

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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1. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP

☐ Change

☐ Addition

2. 1. TITLE
2. 2. NAME
2. 3. STREET ADDRESS
2. 4. CITY-ST-ZIP

☐ Change

☐ Addition

3. 1. TITLE
3. 2. NAME
3. 3. STREET ADDRESS
3. 4. CITY-ST-ZIP

☐ Change

☐ Addition

4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP

☐ Change

☐ Addition

5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY-ST-ZIP

☐ Change

☐ Addition

6. 1. TITLE
6. 2. NAME
6. 3. STREET ADDRESS
6. 4. CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Arrasate

4/15/96 (516) 288-3136

Daytime Phone #

CR2E034 (12/95)