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Feb 24 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 # V32244 (8)

1. Corporation Name
PREFERRED CREDIT SERVICES, INC.



Principal Place of Business Mailing Address
16 DOGWOOD CIRCLE Old
BOYNTON BEACH FL 33462
US 1035 Egret Cr. N.
Jupiter, FL 33458 New: 1035 Egret Circle N.
Jupiter, FL 33458

2. Principal Place of Business 2a. Mailing Address
21 1035 Egret Circle N. 26 1035 Egret Circle N.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Jupiter FL 28 Jupiter, FL
Zip 33458 Country Palm Bch Zip 33458 Country Palm Bch
24 25 29 30

3. Date Incorporated or Qualified 04/27/1992 3a. Date of Last Report 05/01/1996
4. FEI Number 65-0366862 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

MILLS, CHARLEEN
16 DOGWOOD CIRCLE
BOYNTON BEACH FL 33462

10. Name and Address of New Registered Agent

81 Name Charleen Laeha
82 Street Address (P.O. Box Number is Not Acceptable)
1035 Egret Circle N.
83
84 City Jupiter FL 85 Zip Code 33458

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 Charleen Laeha 2/25/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	MILLS, CHARLEEN	16 DOGWOOD CIRCLE	BOYNTON BEACH FL 33462	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President / Director	Charleen Laeha	1035 Egret Circle N.	Jupiter, FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Charleen Laeha 2/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/6/335-2990

CR2E034 (9/96)