

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

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**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004388 (3)
1. Corporation Name
PREFERRED EQUITIES CORPORATION



Principal Place of Business 4310 PARADISE ROAD LAS VEGAS NV 89109	Mailing Address 4310 PARADISE ROAD LAS VEGAS NV 89109-6572
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report 02/05/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 88-0106662	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
B1. Name	B2. Street Address (P.O. Box Number is Not Acceptable)	B3.	B4. City
			FL B5. 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SV	NAME MAYERSON, DON A	1.1 TITLE SVP & GC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	1.2 NAME	
TITLE VC	NAME CONTE, FREDERICK H	1.3 STREET ADDRESS	
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	1.4 CITY-ST-ZIP	
TITLE VAS	NAME JOSPEH, JON A	2.1 TITLE EVP & COO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	2.2 NAME	
TITLE SV	NAME HARELIK, STUART A	2.3 STREET ADDRESS	
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	2.4 CITY-ST-ZIP	
TITLE VCAO	NAME STEINBERG, IRVING J	3.1 TITLE VP, AS & AGC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	3.2 NAME	
TITLE VC	NAME BEREN, MARC	3.3 STREET ADDRESS	
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	3.4 CITY-ST-ZIP	
TITLE VC	NAME BEREN, MARC	4.1 TITLE SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	4.2 NAME	
TITLE VC	NAME BEREN, MARC	4.3 STREET ADDRESS	
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	4.4 CITY-ST-ZIP	
TITLE VC	NAME BEREN, MARC	5.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	5.2 NAME	
TITLE VC	NAME BEREN, MARC	5.3 STREET ADDRESS	
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	5.4 CITY-ST-ZIP	
TITLE VC	NAME BEREN, MARC	6.1 TITLE VP & CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	6.2 NAME Cleveland, David A.	
TITLE VC	NAME BEREN, MARC	6.3 STREET ADDRESS 4310 Paradise Road	
STREET ADDRESS 4310 PARADISE ROAD	CITY-ST-ZIP LAS VEGAS NV	6.4 CITY-ST-ZIP Las Vegas, NV 89109	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, changed, or on an attachment with an address.

SIGNATURE:  **DONALD R. MIDDLETON** 1/20/97 702 737-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)