

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 19 AM 11:05

DOCUMENT # **K04510** (9)

1. Corporation Name  
**PREFERRED NATIONAL FINANCIAL CORP.**

Principal Place of Business  
**210 UNIVERSITY DR., #900  
CORAL SPRINGS FL 33071**

Mailing Address  
**210 UNIVERSITY DR., #900  
CORAL SPRINGS FL 33071**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**12/02/1987**

3a. Date of Last Report  
**04/28/1994**

4. FEI Number  
**65-0015690**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**WEICHOLZ, STEPHEN  
210 UNIVERSITY DR., SUITE 900  
CORAL SPRINGS FL 33071**

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 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>WEICHOLZ, STEPHEN</b>
STREET ADDRESS	<b>210 UNIVERSITY DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>TD</b>
NAME	<b>SOLOMON, ALBERT S.</b>
STREET ADDRESS	<b>210 UNIVERSITY DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>VD</b>
NAME	<b>SUTTER, KENNETH</b>
STREET ADDRESS	<b>210 UNIVERSITY DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>SD</b>
NAME	<b>WEICHOLZ, SCOTT</b>
STREET ADDRESS	<b>210 UNIVERSITY DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>VD</b>
NAME	<b>WILLS, DENNIS B</b>
STREET ADDRESS	<b>210 UNIVERSITY DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>VD</b>
NAME	<b>DARREN, MARSH</b>
STREET ADDRESS	<b>210 UNIVERSITY DR</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Steph Weicholz Albert S. Solomon Kenneth Sutter Scott Weicholz Dennis B. Wills Darren Marsh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/17/95 System Form #