


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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90072 002 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K04510**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	25 Country	29 Country	30
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3. Date Incorporated or Qualified <b>12/02/1987</b>	4. FEI Number <b>65-0015690</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHOLZ, STEPHEN	1.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, ALBERT S.	2.2 NAME	SOLOMON, ALBERT S.
STREET ADDRESS	210 UNIVERSITY DR	2.3 STREET ADDRESS	210 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTER, KENNETH	3.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEICHOLZ, SCOTT	4.2 NAME	WEICHOLZ, SCOTT
STREET ADDRESS	210 UNIVERSITY DR	4.3 STREET ADDRESS	210 UNIVERSITY DR
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLS, DENNIS B	5.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARREN, MARSH	6.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Albert S. Solomon ALBERT S. SOLOMON 4/8/99 (954) 344-0772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)