

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000832 (2)**

1. Corporation Name

THE PREFERRED COMPANIES



Principal Place of Business SIX NESHAMINY INTERPLEX SUITE 205 TREVOS PA 19053	Mailing Address SIX NESHAMINY INTERPLEX SUITE 205 TREVOS PA 19053
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2339319	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MATTHEW, RICHARD L	1.2 NAME	
STREET ADDRESS	708 KNOX ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VILLANOVA PA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VB
NAME	DRISCOLL, DOROTHY	2.2 NAME	Driscoll, Dorothy
STREET ADDRESS	40 DUNHILL DRIVE	2.3 STREET ADDRESS	1201 Champlain Dr.
CITY-ST-ZIP	VOORHEES NJ	2.4 CITY-ST-ZIP	Voorhees, NJ 08043
TITLE	SD	3.1 TITLE	SB
NAME	WALSH, THOMAS J	3.2 NAME	Walsh, Thomas J.
STREET ADDRESS	444 TABOR AVE	3.3 STREET ADDRESS	102 Michaels Ct.
CITY-ST-ZIP	SOUTHAMPTON PA	3.4 CITY-ST-ZIP	Chalfont, PA 18914
TITLE	CD	4.1 TITLE	CB
NAME	DRISCOLL, LARRY W	4.2 NAME	Driscoll, Larry W.
STREET ADDRESS	40 DUNHILL DRIVE	4.3 STREET ADDRESS	1201 Champlain Drive
CITY-ST-ZIP	VOORHEES NJ	4.4 CITY-ST-ZIP	Voorhees, NJ 08043
TITLE		5.1 TITLE	VB
NAME		5.2 NAME	Tocher, Jaen M.
STREET ADDRESS		5.3 STREET ADDRESS	2250 Boyd Rd, Apt. B
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Huntington, Valley PA 19006
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)