1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9700000832

1. Corporation Name

THE PREFERRED COMPANIES

## **FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90101 034 \*\*\*150.00

Principal Place of Business Mailing Address  SIX NESHAMINY INTERPLEX SUITE 205  TREVOSE PA 19053  Mailing Address  SIX NESHAMINY INTERPLEX SUITE 205  TREVOSE PA 19053  DO NOT WRITE IN THIS SPACE	
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DO NOT WRITE IN THIS SPACE	
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3. Date Incorporated or Qualifed	
02/17/1997	
La Thioper Flade of Deciment	Applied For
	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.	5 Additional Required
City & State City & State State	0 May Be
	d to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	
24 25 29 30 Personal Property Tax.	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
INSURANCE COMMISSIONER 82 Street Address (P.O. Box Number is Not Acceptable)	
CAPIOL	
TALLAHASSEE FL 32399-0300 83	
84 City FL 85 Z	ip Code
Described to the section of Continue CO2 0502 and CO2 1500. Elevidor Statutor, the above parent corporation submits this statement for the number 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	
Signature, typed or printed name or registered agent and title if applicable. (NOTE: Registered Agent signature required which reflected with reflected agent and title if applicable.	
APPLICATION OF THE OFFICE REAL PROPERTY OF THE OFFICE REAL	TORS IN 12
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN