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Apr 08 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 # 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

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

7. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD WEICHOLZ, STEPHEN  
210 UNIVERSITY DR  
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD SOLOMON, ALBERT S.  
210 UNIVERSITY DR  
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD SUTTER, KENNETH  
210 UNIVERSITY DR  
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD WEICHOLZ, SCOTT  
210 UNIVERSITY DR  
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD WILLS, DENNIS B  
210 UNIVERSITY DR  
CORAL SPRINGS FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD DARREN, MARSH  
210 UNIVERSITY DR  
CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

V WILLS, DENNIS B  
210 UNIVERSITY DR  
CORAL SPRINGS FL

V MARSH, DARREN  
210 UNIVERSITY DR  
CORAL SPRINGS FL

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

SIGNATURE:



ALBERT S. SOLOMON

MARCH 9, 1998

(954) 752-1222

CR2E034 (10/97)