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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 11, 1996 08:00 AM
Secretary of State

DOCUMENT # **K35432** **(9)**

1. Corporation Name

PREFERRED NATIONAL INSURANCE COMPANY

Principal Place of Business

210 UNIVERSITY DR STE 900
CORAL SPRINGS FL 33071

Mailing Address

210 UNIVERSITY DR STE 900
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **09/29/1988**

3a. Date of Last Report: **01/18/1995**

4. FEI Number: **65-0075940**

[ ] 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 [X] Yes [ ] No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399

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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] 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	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	SOLOMON, ALBERT S.		2.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	3.1 TITLE	[ ] Change [ ] 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	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	WEICHOLZ, SCOTT		4.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	MARSH, DARREN		5.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	WILLS, DENNIS B		6.2 NAME	
STREET ADDRESS	210 UNIVERSITY DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Albert S. Solomon TREAS 4-8-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #