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FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1988

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

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

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

Signature, typed or printed name of registered agent and filed application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WEICHOLZ, STEPHEN
STREET ADDRESS 210 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE TD
NAME SOLOMON, ALBERT S.
STREET ADDRESS 210 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE VD ☒ DELETE
NAME SUTTER, KENNETH
STREET ADDRESS 210 UNIVERSITY DR.
CITY-ST-ZIP CORAL SPRINGS FL

TITLE SD
NAME WEICHOLZ, SCOTT
STREET ADDRESS 210 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE VD
NAME MARSH, DARREN
STREET ADDRESS 210 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE VD
NAME WILLS, DENNIS B
STREET ADDRESS 210 UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE

ALBERT S. SOLOMON MARCH 9, 1998 (954) 752-1222

CR2E034 (10/97)