

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

**FILED**

**Mar 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K35432 (9)**  
1. Corporation Name  
**PREFERRED NATIONAL INSURANCE COMPANY**



Principal Place of Business <b>210 UNIVERSITY DR STE 900 CORAL SPRINGS FL 33071</b>	Mailing Address <b>210 UNIVERSITY DR STE 900 CORAL SPRINGS FL 33071</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

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

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

**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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WEICHOLZ, STEPHEN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 UNIVERSITY DR CORAL SPRINGS FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD SOLOMON, ALBERT S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 UNIVERSITY DR CORAL SPRINGS FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SUTTER, KENNETH	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 UNIVERSITY DR. CORAL SPRINGS FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD WEICHOLZ, SCOTT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 UNIVERSITY DR CORAL SPRINGS FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD MARSH, DARREN	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 UNIVERSITY DR CORAL SPRINGS FL	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD WILLS, DENNIS B	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	210 UNIVERSITY DR CORAL SPRINGS FL	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5.1 TITLE	V MARSH, DARREN
5.2 NAME	210 UNIVERSITY DR CORAL SPRINGS, FL 33071
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	V WILLS, DENNIS B
6.2 NAME	210 UNIVERSITY DR CORAL SPRINGS, FL 33071
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: \_\_\_\_\_ MARCH 9, 1998 (954) 752-1222

CR2E034 (10/97)