

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K35432

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

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90160 006 \*\*\*150.00



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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ 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

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

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

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

TITLE V ☒ DELETE  
NAME MARSH, DARREN  
STREET ADDRESS 210 UNIVERSITY DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE V ☐ DELETE  
NAME WILLS, DENNIS B  
STREET ADDRESS 210 UNIVERSITY DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME JOHN K. LATHAM  
1.3 STREET ADDRESS 210 UNIVERSITY DR  
1.4 CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE T. ☒ Change ☐ Addition  
2.2 NAME SCOTT WEICHOLZ  
2.3 STREET ADDRESS 210 UNIVERSITY DR  
2.4 CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE ST ☒ Change ☐ Addition  
3.2 NAME DENNIS B. WILLS  
3.3 STREET ADDRESS 210 UNIVERSITY DR  
3.4 CITY-ST-ZIP CORAL SPRINGS FL

4.1 TITLE V ☐ Change ☒ Addition  
4.2 NAME MICHAEL J. WEINSTEIN  
4.3 STREET ADDRESS 210 UNIVERSITY DR  
4.4 CITY-ST-ZIP CORAL SPRINGS FL

5.1 TITLE V ☐ Change ☒ Addition  
5.2 NAME EDWARD DESCH  
5.3 STREET ADDRESS 210 UNIVERSITY DR  
5.4 CITY-ST-ZIP CORAL SPRINGS FL

6.1 TITLE D Jonathan A. Abram ☐ Change ☒ Addition  
6.2 NAME 210 UNIVERSITY DR  
6.3 STREET ADDRESS CORAL SPRINGS FL  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99

Date

804-327-1711

Daytime Phone #

CR2E034 (11/98)