

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # P94000060394 (1)

1. Corporation Name

PREFERRED CONSUMERS INSURANCE COMPANY

Principal Place of Business

3802 COCONUT PALM DRIVE
TAMPA FL 33619

Mailing Address

3802 COCONUT PALM DRIVE
TAMPA FL 33619



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1994		3a. Date of Last Report 04/26/1995	
21		26		4. FEI Number 59-3213819		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PETER B	1.2 NAME	
STREET ADDRESS	27500 CEDAR ROAD	1.3 STREET ADDRESS	6300 Wilson Mills Rd
CITY-ST-ZIP	BEACHWOOD OH 44122	1.4 CITY-ST-ZIP	Mayfield Village OH 44143
TITLE	DT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, DANIEL R	2.2 NAME	
STREET ADDRESS	20 LAUREL COURT	2.3 STREET ADDRESS	11440 N. Kendall Dr Suite 400
CITY-ST-ZIP	MORELAND HILLS OH	2.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	3.2 NAME	
STREET ADDRESS	2613 BUTTERWING	3.3 STREET ADDRESS	6300 Wilson Mills Rd.
CITY-ST-ZIP	PEPPER PIKE OH 44124	3.4 CITY-ST-ZIP	Mayfield Village, OH 44143
TITLE	DP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, ROBERT J	4.2 NAME	
STREET ADDRESS	809 ORLEANS AVE	4.3 STREET ADDRESS	3802 Coconut Palm Dr.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa FL 33619
TITLE	DS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, DAVID M	5.2 NAME	
STREET ADDRESS	2767 BELGRAVE ROAD	5.3 STREET ADDRESS	6300 Wilson Mills Rd
CITY-ST-ZIP	PEPPER PIKE OH	5.4 CITY-ST-ZIP	Mayfield Village, OH 44143
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David M. Schneider 4/18/96 216-446-7870

CR2E034 (12/95)