

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 26 AM 8:30

DOCUMENT # P93000045407 (2)

1. Corporation Name

PRESTIGE VENTURES, INC.

Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD
SUITE 531
ORLANDO FL 32019
US

7380 SAN LAKE ROAD
SUITE 531
ORLANDO FL 32019
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

06/28/1993

04/27/1994

4. FEI Number

Applied For

59-3191324

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

Yes No

2. Principal Place of Business

2a. Mailing Address

21 4630 S. KIRKMAN RD

26 4630 S. KIRKMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 309

27 Suite # 309

23 City & State

28 Orlando FL

24 Zip

25 Country

29 Zip

30 Country

32911

32811

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.
THE GREENLEAF BUILDING THIRD FLOOR
200 LAURA ST
JACKSONVILLE FL 32201-0240

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C
NAME	ROSEN, STEPHEN
STREET ADDRESS	247 W 87
CITY - ST - ZIP	NEW YORK NY
TITLE	P
NAME	RUBENSTEIN, JOSEPH
STREET ADDRESS	247 W. 15TH ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	VP
NAME	ROSEN, DOUGLAS
STREET ADDRESS	2233 S. KIRKMAN RD #83
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY - ST - ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY - ST - ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY - ST - ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	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 110.07(3)(b), 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:

[Handwritten Signature]

DOUGLAS ROSEN - VP

6/13/95

407-449-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/95)