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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

1. Corporation Name

00000417

2-16-98

PRESTIGE PROPERTIES OF JACKSONVILLE, INC. Mailing Address

Principal Place of Business

6100 KENNERLY ROAD

6100 KENNERLY ROAD

**FILED** May 28 1998 8:00am Secretary of State



JACKSONVILLE FL 32216			JACKSONVILLE FL 32216									
							- 1	DO NOT WRITE IN THIS SPACE				
								<ol> <li>Date Incorporated or Qualifier 01/03/1997</li> </ol>	d 			
	iace of Busin	ess	2a, Mailing Address					4. FEI Number		X	Applied	For
21			[26]					Applied For			Not App	
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.	ł "1				5. Certificate of Status Desired	21	•	5 Additi	
22 City & Chat		·	27					•		Fee	Require	ď
City & State	e		City & State					6. Election Campaign Financing	<b>L</b>		00 May	
Zip		Country	[28] Zip	7	untry			Trust Fund Contribution	LJ		ed to Fee	
24	-	25	29	<del></del>			8. This corporation owes or has		rent year 🗌 Yes		ole	
24		and Address of Curre	L	30]				Personal Property Tax due Ju 10. Name and Address of New I			L_ No	
AK	EL EDWAR				81	Name		10. Hante and Accided of their	tograto.co.	Agona		
1 INDEPENDENT DRIVE					<u>.</u>							
	ITE 2301	ITI DINYE					82 Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE FL 32202				63								
Uni	JINOUNTILL	L I L OZEVE										
					84	City			FL	85 Z	ip Code	
11. Pursuani t	to the provision	ons of Sections 607 05	02 and 607 1508 Clorida State	utes the a	hove	-named	d cornor	ation submits this statement for the		changin	a ite roai	ictorod
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, I forida 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
<del>-</del>	m tamiliar wil	и, ана ассері те овіў	gations of, Section 607.0505, F	lorida Sta	tutes	5.						
SIGNATURE	Signature type on	or proted name of required ag	ent reid title if anotosable. (No	)II Henistere	d And	nt signature	e required t	when reinstating)	OATE			
12.			ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFF		DIRECT	OBS IN	12
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NAME CINCEL ADDRESS	REET ADDRESS				6.2 NAME 6.3 STREET ADDRESS		[	60000254 -05/29/98010	11502	3 W	7 4	(
				1				***158.75	الواليا فريده	~ )`	511	0
City-St-ZiP	erlify that the	information sure best of	with this filling doze not an elder	64 Ci			od in Sa		I forether a co	116 . 45 = 1 .	ha lefe	
14. Thereby certify that the information supplied with this filling 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attachingol with an address.												