

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

FILED

99 OCT -4 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000089006

1. Corporation Name
PRESTIGE MORTGAGE GROUP, INC.

Principal Place of Business Mailing Address
11970 S.W 51st Court **11970 S.W 51st Court**
Cooper City, FL 33330 **Cooper City, FL 33330**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 34 Madeira Avenue Suite, Apt. #, etc.	26 34 Madeira Avenue Suite, Apt. #, etc.
22 Suite # 6 City & State	27 Suite # 6 City & State
23 Coral Gables FL Zip Country	28 Coral Gables FL Zip Country
24 33134 25 U.S.A	29 33134 30 U.S.A

3. Date Incorporated or Qualified 10/19/1998	
4. FEI Number 65-0870808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
BRAVO, DIANNE
11970 S.W 51st COURT
COOPER CITY, FL 33330

10. Name and Address of New Registered Agent
81 Name **KNIGHT, VANIA**
82 Street Address (P.O. Box Number is Not Acceptable)
34 MADEIRA AVENUE
83 **SUITE # 6**
84 City **CORAL GABLES** 85 Zip Code **FL 33134**

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 *Vania Knight* - **VANIA KNIGHT-Director** DATE **9-28-99**

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BRAVO, DIANNE S
STREET ADDRESS	11970 S.W. 51st COURT
CITY-ST-ZIP	COOPER CITY, FL 33330 <input type="checkbox"/> DELETE
TITLE	D <input type="checkbox"/> DELETE
NAME	KNIGHT, VANIA
STREET ADDRESS	34 MADEIRA AVENUE APT 6
CITY-ST-ZIP	CORAL GABLES, FL 33134 <input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000003013020--7
2.3 STREET ADDRESS	-10/13/99--01002--018
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, with all other like empowered.

SIGNATURE: *Vania Knight* - **VANIA KNIGHT** Date **9-28-99** Daytime Phone # **(305)476-0390**

CR2E034 (1/1996)

KE