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Mar 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **S41686** (4)  
1. Corporation Name  
**PRESTIGE MORTGAGE CO.**



Principal Place of Business Mailing Address  
**3411 TAMiami TR N** **3411 TAMiami TR N**  
**NAPLES FL 34103** **NAPLES FL 34103**  
**US** **US**

DO NOT WRITE IN THIS SPACE

|                                 |                   |                     |         |                                                                                                                                                                         |  |
|---------------------------------|-------------------|---------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business  |                   | 2a. Mailing Address |         | 3. Date Incorporated or Qualified                                                                                                                                       |  |
| 21 <b>4501 Tamiami Trail N.</b> |                   | 26 <b>Same</b>      |         | 03/28/1991                                                                                                                                                              |  |
| Suite, Apt. #, etc.             |                   | Suite, Apt. #, etc. |         | 4. FEI Number                                                                                                                                                           |  |
| 22 <b>Suite 210</b>             |                   | 27                  |         | 65-0251068                                                                                                                                                              |  |
| City & State                    |                   | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                              |  |
| 23 <b>Naples, Florida</b>       |                   | 28                  |         | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                      |  |
| Zip                             | Country           | Zip                 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 24 <b>34103</b>                 | 25 <b>Collier</b> | 29                  | 30      |                                                                                                                                                                         |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANS, TIMOTHY G.**  
**4501 TAMiami TRAIL NORTH, SUITE 300**  
**BARNETT CENTER**  
**NAPLES FL 33940**

|    |                                                    |
|----|----------------------------------------------------|
| 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 *Timothy G. Hans*

03/25/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |                    |                                                                   |
|----------------|------------------------------|---------------------------------|--------------------|-------------------------------------------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> DELETE | 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CONNOR, SYLVIA GLASS</b>  |                                 | 1.2 NAME           |                                                                   |
| STREET ADDRESS | <b>7505 SAN MIGUEL GLASS</b> |                                 | 1.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | <b>NAPLES FL 34109</b>       |                                 | 1.4 CITY-ST-ZIP    |                                                                   |
| TITLE          | <b>VP</b>                    | <input type="checkbox"/> DELETE | 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CONNOR, CHARLES T.</b>    |                                 | 2.2 NAME           |                                                                   |
| STREET ADDRESS | <b>7505 SAN MIGUEL WAY</b>   |                                 | 2.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    | <b>NAPLES FL 33942 34109</b> |                                 | 2.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                              | <input type="checkbox"/> DELETE | 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                              |                                 | 3.2 NAME           |                                                                   |
| STREET ADDRESS |                              |                                 | 3.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                              |                                 | 3.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                              | <input type="checkbox"/> DELETE | 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                              |                                 | 4.2 NAME           |                                                                   |
| STREET ADDRESS |                              |                                 | 4.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                              |                                 | 4.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                              | <input type="checkbox"/> DELETE | 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                              |                                 | 5.2 NAME           |                                                                   |
| STREET ADDRESS |                              |                                 | 5.3 STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                              |                                 | 5.4 CITY-ST-ZIP    |                                                                   |
| TITLE          |                              | <input type="checkbox"/> DELETE | 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 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.

SIGNATURE *Sylvia Glass* *March 19, 1998*

CR2E034 (10/97)