

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 02, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # 531898**

1. Entity Name  
**PRESTIGE PROPERTIES, INC.**



Principal Place of Business  
**2233 N.W. 41ST., STE. 100  
GAINESVILLE, FL 32606-3643**

Mailing Address  
**2233 N.W. 41ST., STE. 100  
GAINESVILLE, FL 32606-3643**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1772559**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**STEINBERG, MICHAEL L.  
2233 NW 41 STREET, SUITE 100  
GAINESVILLE, FL 32606**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000030392  
02/04/04-80106-019 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-P STEINBERG, MICHAEL L 2233 NW 41ST ST STE 100 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-P STEINBERG, MIRIAM F 2233 NW 41ST ST STE 100 GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Miriam F. Steinberg* **Miriam F. Steinberg** 1/29/04 352-373-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #