Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90089 037 \*\*\*150.00

## 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** 

## DOCUMENT # 637525

1. Corporation Name

AMERICA	an prestige propertie	S, INC.										
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Principal Place of Business Mailing Address												
400 N. WYMORE ROAD 400 N. WYMORE ROAD												
WINTER PARK FL 32789 US WINTER PARK FL 32789 US								DO NOT WR	TE IN THIS	SPACE		
03 00								3. Date Incorporated or Qualifed				
								09/26/1979			ļ	
2 Principal Pl	ace of Business	2a Mai	iling Address		_		4.	FEI Number		App	olied For	
						"	59-1946309		Not	Applicable		
21   26				-	_	-				\$8.75 A	dditional	
22 27						5.	Certifcate of Status Desired		Fee Red	quired		
City & State City & State			/ & State					Election Campaign Financing		\$5.00	May Be	
23		— ·	28				•	Trust Fund Contribution		Added to	* 1	
Zip	Country	Zip		Countr	y		8.	This corporation owes the cur	rent year In	tangible		
24	25	29		30			•	Personal Property Tax.	•		□No	
	9. Name and Address of Curre						10.	Name and Address of New	Registered	Agent		
5,10				8	1	Name						
RUSSELL, MIRIAM A 400 N. WYMORE ROAD			8:	82 Street Add			O. Box Number is Not Accep	able)		•		
	ER PARK FL 32789			8:	3							
		-			1	City				85 Zip C	inde	
					84 City				Fl	-		
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.									registered pistered			
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if annli	rable (NOTE:	: Registered Ag	ent s	signature required v	when r	reinstating)	DATE			
12,	OFFICERS A			13.				ADDITIONS/CHANGES TO O	FICERS A	ND DIRECTO	RS IN 12	
TITLE	ST		☐ DELETE	1.1 TITLE	:					Change	Addition	
NAME	MARTIN, VINETTA			1.2 NAME	=							
STREET ADDRESS	4934 HAITI CIR.					NODRESS .						
	ORLANDO FL			1.4 CITY-								
CITY-ST-ZIP	PC		☐ DELETE	2.1 TITLE		ZIF				[**] Change	☐ Addition	
	Martin, Willard F			2.2 NAME						_		
NAME	4934 HAM CIR					ADDRESS		- w .		e of		
STREET ADDRESS	ORLANDO, FL 00000					Į.					ļ	
CITY-ST-ZIP	V	<del>-</del>	☐ DELETE	2. 4 CITY 3.1 TITLE		-217				Change	Addition	
TITLE	•			3.2 NAME						<u> </u>	_	
NAME	RUSSELL, MIRIAM A.									•		
STREET ADDRESS	5134 LK. HOWELL RD.					ADDRESS					}	
CITY-ST-ZIP	WINTER PK. FL		☐ DELETE	3,4, CITY		- ZIP				Change	Addition	
TITLE			O SELEIL	4.1 TITLE								
NAME	•			4. 2 NAM							ļ	
STREET ADDRESS						ADDRESS					}	
CITY-ST-ZIP .	<u> </u>		Decere	4.4 C/TY-		ZIP				Change	Addition	
TITLE			☐ DELETE	5.1 TITLE						□ cuanha	[] ((U)(()))	
NAME ·				5.2 NAME						•		
STREET ADDRESS	•	• .	•			ADDRESS					J	
CITY-ST-ZIP				5.4 CITY-		ZIP		<u> </u>	· · · · · · · · · · · · · · · · · · ·		☐ Aulaitia -	
TITLE			☐ DELETE	6.1 TITLE		ļ				☐ Change	☐ Addition	
NAME :				6.2 NAME							{	
STREET ADDRESS	i			6.3 STRE	ETA	ADDRESS .					į	

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

4-06-99