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Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 665158 (2)  
1. Corporation Name  
PRESTIGE PROPERTIES OF THE PALM BEACHES, INC.

Principal Place of Business  
3767 LAKE WORTH RD SUITE 120  
LAKE WORTH FL 33461

Mailing Address  
3767 LAKE WORTH RD SUITE 120  
LAKE WORTH FL 33461-4048



3. Date Incorporated or Qualified 03/31/1980  
3a. Date of Last Report 04/12/1996  
4. FEI Number 59-2033080  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent

SAVIDGE, MICHAEL  
453 GLENBROOK DRIVE.  
ATLANTIS FL 33462

10. Name and Address of New Registered Agent

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 \_\_\_\_\_  
(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                      | PS <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAVIDGE, MICHAEL W.                | 1.2 NAME  |   |
| STREET ADDRESS             | 453 GLENBROOK DRIVE.               | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ATLANTIS FL                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TV <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAVIDGE, MICHAEL W.                | 2.2 NAME  |   |
| STREET ADDRESS             | 453 GLENBROOK DRIVE.               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ATLANTIS FL                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | DM <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SAVIDGE, MICHAEL W.                | 3.2 NAME  |   |
| STREET ADDRESS             | 453 GLENBROOK DRIVE.               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | ATLANTIS FL                        | 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 do 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
3-26-97  
561-969-3711  
Date Daytime Phone #

CR2E034 (9/96)