**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

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95 MAR -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # H35970 (3)

PRESTIGE REALTY, INC. #4

6790 TAFT STREET
HOLLYWOOD FL 33024

Mailing Address
6790 TAFT STREET
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1984
3a. Date of Last Report: 04/28/1994

4. FEI Number: 59-2112799 ☐ 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 6790 Taft Street
22 Hollywood
23
24 33024 25 County BROWARD

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 FLORIDA
29 Zip 33024 30 Country

9. Name and Address of Current Registered Agent

MITCHELL, LEO
6790 TAFT STREET
HOLLYWOOD FL 33024

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 __________ DATE

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | MITCHELL, LEO |
| STREET ADDRESS | 6790 TAFT STREET |
| CITY-ST-ZIP | HOLLYWOOD FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1 1 TITLE | | ☐ Change ☐ Addition |
| 1 2 NAME | | |
| 1 3 STREET ADDRESS | | |
| 1 4 CITY-ST-ZIP | | |
| 2 1 TITLE | | ☐ Change ☐ Addition |
| 2 2 NAME | | |
| 2 3 STREET ADDRESS | | |
| 2 4 CITY-ST-ZIP | | |
| 3 1 TITLE | | ☐ Change ☐ Addition |
| 3 2 NAME | | |
| 3 3 STREET ADDRESS | | |
| 3 4 CITY-ST-ZIP | | |
| 4 1 TITLE | | ☐ Change ☐ Addition |
| 4 2 NAME | | |
| 4 3 STREET ADDRESS | | |
| 4 4 CITY-ST-ZIP | | |
| 5 1 TITLE | | ☐ Change ☐ Addition |
| 5 2 NAME | | |
| 5 3 STREET ADDRESS | | |
| 5 4 CITY-ST-ZIP | | |
| 6 1 TITLE | | ☐ Change ☐ Addition |
| 6 2 NAME | | |
| 6 3 STREET ADDRESS | | |
| 6 4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Leo Mitchell 2/18/95 305-963-2300

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008903 CP