FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K37744

(5)

PRESTIGE LAND & PROPERTIES, INC.

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May	16	1997	8:00am
Sec	ret	ary of	State

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Principal Place of Business C/O BRUCE L. SANDE 11440 OKEECHOBEE RD. ROYAL PALM BEACH FL 33411						3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1996				
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	00/		plied For	
21		26				65-0084753			t Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			.,,,,,,	5. Certificate of Status Desired		\$8.75 A		
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	Country	28 Zip		intry	,	Trust Fund Contribution		Added to		
Zip 24	25	29)	30	ai vit y		8. This corporation has liability for in	ntangible] Yes [199.032,	
<u> 24 </u>	9, Name and Address of C		1901	Ī		10. Name and Address of New Re				
SAN	IDE, BRUCE L.	······································		81	Name				,	
144	4 COLD SPRING CT			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
W P	ALM BCH FL 33414			83						
				03						
				64	City		FL	85 Zip (Code	
agent + a SIGNATURE	Signature, typicd or printed name of register	obligations of, Section 607.0505, red agent and title if applicable (N				rad when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	S IN 12	
THILE	PST	DELETE	1.1 11	TLE	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	SANDE, BRUCE L.		1.2 N	AME		-				
STREET ADDRESS	1444 COLD SPRING CT		1.3 \$	TREET	ADDRESS					
CITY - S1 - ZIP	W PALM BCH FL	T or over			ST-ZIP			T 05	The Addition	
THE		☐ DELETE	2.1 Ti					Change	Addition	
NAME			2.2 N		ADDRESS					
STREET ADDRESS CITY-ST-ZIP			1		ST-ZIP					
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NAME			3.2 N	AME	[
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NAME			52 N	AME	(
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TITLE NAME		L. DILLIE		AME				- vinigo		
STREET ADDRESS					ADDRESS					
CITY - SF - ZIP					ST-ZiP			_		
						dio Castian 110 07/21/3 Florido Ctatuto	1.6 males	A'E . Ale . A	16.5	

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 receivor 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:

FICEN OR DIRECTOR Date H-15.97 561-790.3721