

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K65214 (4)  
1. Corporation Name  
PRESTIGE INVESTMENT & MANAGEMENT, INC.



Principal Place of Business

Mailing Address

C/O P. CONKLIN  
8205 N.W. 59TH ST.  
TAMARAC FL 33321

P.O. BOX 770414  
8205 N.W. 59TH ST.  
CORAL SPRINGS FL 33077  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1989

4. FEI Number

59-2202021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 7812 NW 40 COURT

Suite, Apt. #, etc.

22

City & State

23 CORAL SPRINGS, FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 PO Box 770414

Suite, Apt. #, etc.

27

City & State

28 CORAL SPRINGS, FL

Zip

29 33077

Country

30 USA

9. Name and Address of Current Registered Agent

CONKLIN, P.  
8205 N.W. 59TH ST.  
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

CONKLIN, P. % SARA

82 Street Address (P.O. Box Number is Not Acceptable)

7812 NW 40 COURT

83

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

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 of applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME CONKLIN, P.  
STREET ADDRESS 8205 N.W. 59TH ST.  
CITY-ST-ZIP TAMARAC FL

TITLE D  
NAME SARA, ROY  
STREET ADDRESS 7812 NW 40 CT  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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 P  
1.2 NAME CONKLIN, P. % SARA  
1.3 STREET ADDRESS 7812 NW 40 CT  
1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE

P. Conklin

11-11-98

054-752-21/N

CR2E034 (10/97)