

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

| | |
|---|---|
| 2. Principal Place of Business 21 7812 NW 40 COURT Suite, Apt. #, etc. | 2a. Mailing Address 26 PO Box 770414 Suite, Apt. #, etc. |
| 22 City & State 23 CORAL SPRINGS, FL | 27 City & State 28 CORAL SPRINGS, FL |
| 24 Zip 25 33065 Country 29 USA | 30 Zip 30 33077 Country 30 USA |

4. FEI Number
59-2202021 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | P. CONKLIN, P. % SARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONKLIN, P. | 1.2 NAME | CONKLIN, P. % SARA |
| STREET ADDRESS | 8205 N.W. 59TH ST. | 1.3 STREET ADDRESS | 7812 NW 40 CT |
| CITY-ST-ZIP | TAMARAC FL | 1.4 CITY-ST-ZIP | CORAL SPRINGS, FL 33065 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SARA, ROY | 2.2 NAME | |
| STREET ADDRESS | 7812 NW 40 CT | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 _____ 11-11-98 0511-752-2111

CFR2E034 (10/97)