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

CORPORATION ANNUAL REPORT 1998 **DOCUMENT**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(5) L07789

FILED May 06 1998 8:00am Secretary of State

PRESTIGE FLOORING & INSTALLATIONS, INC. Principal Place of Business Mailing Address MARK D'AGOSTINO MARK D'AGOSTINO 410 W HOLLY DR 410 W HOLLY DR DO NOT WRITE IN THIS SPACE **ORANGE CITY FL 32783 ORANGE CITY FL 32763** 3. Date Incorporated or Qualified <u>07/31/1989</u> 2. Principal Place of Business 2a. Mailing Address 4. FFI Number Applied For Not Applicable 21 59-2961685 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name D'AGOSTINO, MARK 410 W HOLLY DR Street Address (P.O. Box Number is Not Acceptable) **ORANGE CITY FL 32763** 83 84 City 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, typed or printed name of registered agent and tire if applicable Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS TITLE DELETE Change Addition 1.1 TITLE D'AGOSTINO, MARK NAME 1.2 NAME 410 W HOLLY DR 1.3 STREET ADDRESS STREET ADDRESS ORANGE CITY FL CITY-ST-ZIP 1.4 City-ST-7IP Change Addition TITLE DELETE 2.1 TITLE NAME D'AGOSTINO, KAREN 2.2 NAME 410 W HOLLY DR STREET ADDRESS 2.3 STREET ADDRESS **ORANGE CITY FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE HOGENMILLER, SHAYNE NAME 3.2 NAME 410 W HOLLY DR STREET ADDRESS 3.3 STREET ADDRESS **ORANGE CITY FL** CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 41 TITLE Change Addition NAME FORTIN, BRIAN 4.2 NAME 410 W HOLLY DR STREET ADDRESS 4.3 STREET ADDRESS ORANGE CITY FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 CITY - ST- ZIP 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 supplimental 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, of on an attachment with an address.

SIGNATURE: