

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **L77178** (6)
1. Corporation Name
PRESTIGE MAINTENANCE, INC.

Principal Place of Business 10323 SOUTHERN BOULEVARD ROYAL PALM BEACH FL 33411	Mailing Address 10323 SOUTHERN BOULEVARD ROYAL PALM BEACH FL 33411-4338
--	---



2. Principal Place of Business 21 18679 SE Federal Hwy Suite, Apt. #, etc.		2a. Mailing Address 26 18679 SE Federal Hwy Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/01/1990	3a. Date of Last Report 05/01/1996
22 City & State 23 Tequesta, FL		27 City & State 28 Tequesta, FL		4. FEI Number 65-0206702	Applied For Not Applicable
24 Zip 33469		25 Country Martin		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 33469		30 Country Martin		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BALCH, PATRICIA 10397 SOUTHERN BLVD. ROYAL PALM BEACH FL 33411				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent 81 Name Rubenfeld, Daren, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 18679 SE Federal Hwy 83 84 City Tequesta 85 Zip Code FL 33469	
---	--

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  **DAREN RUBENFELD** DATE **4/15/97**
Signature typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUSTIN, CHRISTOPHER	1.2 NAME	Austin, Christopher
STREET ADDRESS	10397 SOUTHERN BLVD.	1.3 STREET ADDRESS	18679 SE Federal Hwy., Tequesta, FL 33469
CITY - ST - ZIP	ROYAL PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, RICHARD	2.2 NAME	Evans, Richard
STREET ADDRESS	10397 SOUTHERN BLVD.	2.3 STREET ADDRESS	18679 SE Federal Hwy., Tequesta, FL 33469
CITY - ST - ZIP	ROYAL PALM BEACH FL	2.4 CITY - ST - ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALCH, PATRICIA	3.2 NAME	
STREET ADDRESS	10397 SOUTHERN BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ROYAL PALM BEACH FL	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 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 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:  **CHRISTOPHER AUSTIN** DATE **4/15/97** TELEPHONE # **561-743-0014**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)