2nd and

File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75



	D LIABILITY COMPANY				eni of State		FI	LEU
/	ANNUAL REPORT		Secr	retary of	State		- AUC :	26 AM 10: 00
	1998	TILLE	DIVISION	JF COR	PORATIONS			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee							SECRETA	ACT OF STATE
\$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address DOCLIMENT # 7.000.001.001							TALLAHA!	SSEE, FLORIDA
	tod Liability Company DOCU	MENT	# L960	00000	01301			
	DECETOR THEFTODO				1a. Principal Place of Business Address			
PRESTIGE INTERIORS, L.C. C/O EVA HERR						4712 FISHER ISLAND DRIVE		
3873 COMMANDER DRIVE						FIGHER ISLAND FL 33109		
ATLANTA GA 30341						500 SE MIZHEN BIND		
					1 5¥ 87) X, _	2/	
2. Principal Place of Business 2a. Mailir			ng Address			Boca R. 3. Date Organize	ed or Qualified	33432 3a. State of Formation
						12/10/1		FL
Suite, Apt. #, etc. Suite, Ap			#, etc.			4. FEI Number		T
							1398	3 Applied For
City & Stato			y & State			APPLIED FOR APPLIED FOR Not Applicable		
Zip	Country	Ζφ		Count	rvi	5. Date of Last P	leport	6. Certificate of Status Desired
£. 14 *	(XXIIII)	1		Count		08/07/1	997	\$8.75 Additional Fee Required
	7. Name and Address of Current	Registered	Agent		8. (<u> </u>		itered Agent/Office
Name								
WEINER, EDWARD G								
	GOLDOW-GARBOR-DRIV - RATON-PL-33432	^	Street Address (P.O. Box Nun			s Not Acceptab	ole)	
ED	Suite, Apt. #, etc							
500 SE Mizner Blu								
5te 808			City				Zip Code	
Boca Katen, F1334			32				FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing								
its registered office or registered agont, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.								
SIGNATUREDATE								
SIGNATURE DATE (Hospital of Agent According Appointment) (NOTE, Registered Agent signature required when reinstating)								
10. Title Managing Members/Managers			Business Street Address				City, State and Zip Code	
MEM	WEINER, EDWARD G	DRIVE	FISHER	R ISLAND FL				
ł								
	1000263 04 81 -09/01/9801073002 ****588.75 *****588.							6304815
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11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the indicated liability company or the receiver or trungle empowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Edward G. Weiner

500 SE Mizner Blvd., Suite 808 Boca Raton, Florida 33432 561/347-6225

July 20, 1998

Florida Department of Revenue 5050 W. Tennessee Street Tallahassee, FL 32399 0125

RE:

LD# 78-07-068294-27

FEI# 65-0713983

Dear Sir or Madam:

I received your 2nd notice requesting information on the above referenced corporation. Upon calling your office I found that you had returned the original information sent you. I never received the return package. Therefore, I am enclosing the completed 2nd notice form and my check for \$588.75.

Should you have any questions, please contact my assistant, Eva Herr at 770/451-7414.

Very truly yours,

Edward G. Weiner

dward Weine

EGW/efh

Enclosures