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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M69064

PRESTIGE AUTOS, INC.

| Principal Place of Business | Mailing Address |
|-------------------------------------|-------------------------------------|
| % HAROLD L. WILDE 659 AIRPORT RD | % HAROLD L. WILDE 659 AIRPORT RD |
| NAPLES FL 33942-3539 | NAPLES FL 33942-3539 |

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90116 042 ***150.00



| rincipal riace | e of business | Manifig / tour ood | | | \ | | | |
|---|--|---|--|--|---|----------------------------|----------------------|------------------------------|
| % HAROLD L. \ | WILDE | % HAROLD L. WILDE | | | | | | |
| 659 AIRPORT R | | 659 AIRPORT RD | | | DO NOT WEIT | E IN THIS SPAC | ·= | |
| NAPLES FL 339 | 942-3539 | NAPLES FL 33942-3539 | | | | E IN THIS SPAC | | 1 |
| | | | | | 3. Date Incorporated or Qualifed | | | ļ |
| | | | | | 02/22/1988 | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | L | App | lied For |
| 21 | | 26 | | | 65-0039590 | | Not | Applicable |
| | #, etc. | Suite, Apt. #, etc. | | | | \$8 | .75 Ad | dditional |
| 22 | and the second s | 27 | · | | 5. Certifcate of Status Desired | f | ee Req | juired |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$: | 5.00 N | May Re |
| 23 | | 28 | | | Trust Fund Contribution | 1 1 | dded to | , |
| Zip | Country | Zip | Country | | 8. This corporation owes the curre | | | |
| | · — · | — · — — | ¬ " ' ' | | Personal Property Tax. | ni year iiilangibi □ Ye | | □No |
| 24 | 25 | _ | <u> </u> | _ _ | 10. Name and Address of New Re | | | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | | sgistered Agent | <u> </u> | |
| 14714 | | | " | Mr. Ma | ark H. Wilde | | | |
| | DE, HAROLD L. | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptate | ole) | | |
| | AIRPORT RD | | L | 7037 | S. Tamiami Trail | | | |
| NAP | LES FL 33945 | | 83 | | | • | | 1 |
| | · | | <u> </u> | ļ | | ` т | · · · | : |
| | = 1 (3 k · S) (4 | | 84 | Saraso | ota | FL 85 | 342 | 31 |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607,1508, Florida Statutes | , the abov | a named corn | position submite this statement for the n | ourpose of chang | ing its r | egistered |
| office or n agent. I a | registered agent, or both, in the State of im familiar with, and accept the obligat | of Florida. Such change was aut tions of, Section 607.0505, Florid | horized by la Statutes | the corporations. | on's board of directors. I hereby accept | the appointmen | n as reg 🔏 | stered |
| SIGNATURE | | 1 hay | | | \checkmark | 7/14/77 | 7 _ | (|
| | | | | | | | | |
| | Signature, typed or printed came or registered agen | t and title if applicable. (NOTE; R | egistered Age | nt signature require | ed when reinstating) | DATE | | |
| 12. | Signature, typed or printed carne or registered agen OFFICERS AN | D DIRECTORS | egistered Age | | ADDITIONS/CHANGES TO OFF | | | |
| | | | | | | | RECTOF Change | RS IN 12 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | | |
| 12. | OFFICERS AN DPS WILDE, HAROLD L. | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME | I | ADDITIONS/CHANGES TO OFF | X | | |
| 12. TITLE NAME STREET ADDRESS | OFFICERS AN DPS WILDE, HAROLD L. 659 AIRPORT RD | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE | TADDRESS | ADDITIONS/CHANGES TO OFF DPT Mary Ann Wilde 7037 S. Tamiami Trail | X | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AN DPS WILDE, HAROLD L. | D DIRECTORS X DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S | T ADDRESS | ADDITIONS/CHANGES TO OFF DPT Mary Ann Wilde 7037 S. Tamiami Trail Sarasota, FL 34231 | XQ C | | |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AN DPS WILDE, HAROLD L. 659 AIRPORT RD | D DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE | T ADDRESS ST-ZIP | ADDITIONS/CHANGES TO OFF DPT Mary Ann Wilde 7037 S. Tamiami Trail Sarasota, FL 34231 DVP | XQ C | Change | ☐ Addition |
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: