

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M71067** (6)

1. Corporation Name
PRESTIGE HOMES OF TALLAHASSEE, INC.



Principal Place of Business C/O DONATO SAN GREGORIO 3752 DONOVAN DR APT C TALLAHASSEE FL 32308 US	Mailing Address C/O DONATO SAN GREGORIO 3752 DONOVAN DRIVE APT C TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6753 THOMASVILLE RD Suite, Apt. #, etc. 22 SUITE - 108-315 City & State 23 TALLAHASSEE FL Zip 24 32312		2a. Mailing Address 26 6753 THOMASVILLE ROAD Suite, Apt. #, etc. 27 SUITE 108-315 City & State 28 TALLAHASSEE, FL Zip 29 32312 Country 30 USA		3. Date Incorporated or Qualified 03/08/1988	4. FEI Number 59-2879354 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SANGREGORIO, DONATO 6280 WHITTONDALE DR TALLAHASSEE FL 32312				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANGREGORIO, GREGORI			1.2 NAME			
STREET ADDRESS	1859 VINTAGE RIDGE COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANGREGORIO, DONATO			2.2 NAME			
STREET ADDRESS	6280 WHITTONDALE DR			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE 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 **Donato Sangregorio** 1/11/98 852-980-7827

CR2E034 (10/97)