

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 12 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037085 (6)

1. Corporation Name

PRESTIGE PROPERTIES OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
231C RUBY AVE  
KISSIMMEE FL 34741  
US

Mailing Address  
C/O PRESTIGE PROPERTIES  
231C RUBY AVE  
KISSIMMEE FL 34741  
US

3. Date Incorporated or Qualified  
05/24/1993

3a. Date of Last Report  
05/20/1994

4. FEI Number  
59-3183406

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

## 9. Name and Address of Current Registered Agent

WISE, JOHN  
231C RUBY AVE  
KISSIMMEE FL 34741

## 10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
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

Signature (Typed or printed name of registered agent and fee if applicable)

(Not) Registered Agent signature required when registering

DATE

## 12. OFFICERS AND DIRECTORS

|                |                    |
|----------------|--------------------|
| TITLE          | D                  |
| NAME           | WISE, JOHN         |
| STREET ADDRESS | 13127 LAVER LANE   |
| CITY, ST, ZIP  | ORLANDO FL 32824   |
| TITLE          | PT                 |
| NAME           | WISE, JENNIFER M   |
| STREET ADDRESS | 13127 LAVER LANE   |
| CITY, ST, ZIP  | ORLANDO FL         |
| TITLE          | S                  |
| NAME           | WEAVER, H. DAVID   |
| STREET ADDRESS | 5435 DAVISSON      |
| CITY, ST, ZIP  | ORLANDO FL         |
| TITLE          | V                  |
| NAME           | PETER GROENENDIJK  |
| STREET ADDRESS | 1233 HANCOCK CURVE |
| CITY, ST, ZIP  | ST. CLOUD FL 34769 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME           |                                                                              |
| 1.3 STREET ADDRESS |                                                                              |
| 1.4 CITY, ST, ZIP  |                                                                              |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY, ST, ZIP  |                                                                              |
| 3.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                              |
| 3.3 STREET ADDRESS |                                                                              |
| 3.4 CITY, ST, ZIP  |                                                                              |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                                                              |
| 4.3 STREET ADDRESS |                                                                              |
| 4.4 CITY, ST, ZIP  |                                                                              |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                                                              |
| 5.3 STREET ADDRESS |                                                                              |
| 5.4 CITY, ST, ZIP  |                                                                              |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                                                                              |
| 6.3 STREET ADDRESS |                                                                              |
| 6.4 CITY, ST, ZIP  |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated in 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 of this report, or an amendment with an address.

SIGNATURE:

JOHN WISE, DIRECTOR MARCH 30,

1995 407-847-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)

5858