

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P93000045407 (2)**

1. Corporation Name

**PRESTIGE VENTURES, INC.**



Principal Place of Business

Mailing Address

4630 S KIRKMAN RD  
STE 309  
ORLANDO FL 32811  
US

4630 S KIRKMAN RD  
STE 309  
ORLANDO FL 32811  
US

2. Principal Place of Business

2a. Mailing Address

21 507 NORTH NEW YORK AVE

26 507 NORTH NEW YORK AVE

Suite, Apt. #, etc

Suite, Apt. #, etc

22 302

27 302

City & State

City & State

23 WINTER PARK, FL

28 WINTER PARK, FL

Zip

Country

Zip

Country

24 32789

25 USA

29 32789

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

F & L CORP.  
THE GREENLEAF BUILDING THIRD FLOOR  
200 LAURA ST  
JACKSONVILLE FL 32201-0240

81 Name Douglas Rosen  
82 Street Address (P.O. Box Number is Not Acceptable)  
507 NORTH NEW YORK AVE  
83 Suite 302  
84 City Winter Park FL 85 Zip Code 32789

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

*Douglas Rosen*

7/22/96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C  
NAME ROSEN, STEPHEN  
STREET ADDRESS 247 W 87  
CITY-ST-ZIP NEW YORK NY

TITLE P  
NAME RUBENSTEIN, JOSEPH  
STREET ADDRESS 247 W. 15TH ST.  
CITY-ST-ZIP NEW YORK NY

TITLE VP  
NAME ROSEN, DOUGLAS  
STREET ADDRESS 2233 S. KIRKMAN RD #83  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Douglas Rosen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas Rosen*

7/18/96

407-232-5817

Date

Daytime Phone

CR2E034 (3/96)