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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000082892 (9)

PRESTIGE REFERRAL NETWORK, INC.

Principal Place of Business Mailing Address 103 S. U.S. HWY, ONE 103 S. U.S. HWY. ONE SUITE E-1 SUITE E-1 DO NOT WRITE IN THIS SPACE JUPITER FL 33477 JUPITER FL 33477 3. Date Incorporated or Qualified 11/29/1993 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 65-0457614 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country $Z_{\rm ID}$ Country This corporation owes or has paid the current year Intangible 25 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BI Name LONG, DONAL P 103 S. U.S. HWY. ONE **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE E-1 83 JUPITER FL 33477 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE: Signature, typed or printed name of registered age it and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TB(F LONG, DONALD P NAME 1.2 NAME 103 S. U.S. HWY. ONE, SUITE E-1 STREET ADDRESS 1.3 STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIF 14 CHY-ST-ZIP DELETE Change TITLE 2 1 10 LE Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIF 2. 4 CITY - ST - ZIP DELETE 3.1 TILLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TOLE Change Addition 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7IP DELFTE TITLE 61 TITLE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CHY-ST-ZIP 14. I hereby certify that the information supplied with this filing closs 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 supplement at 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 proportion or the precise 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