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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000015531 (4)

PRESTIGE PRODUCTS INC. Principal Place of Business Mailing Address SHOPS AT ORIOLE SHOPS AT ORIOLE 4268 N STATE RD 7 4268 N STATE RD 7 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0472286 26 Not Applicable Suite, Apt. #, etc. Suite. Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Properly Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name AUGUSTE. SOSTHERNE SHOPS AT ORIOLE Street Address (P.O. Box Number is Not Acceptable) 82 **4268 N STATE RD 7** 83 LAUDERDALE LAKES FL 33319 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Horida 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 Ekrida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELFTE TITLE 1.1 TIFLE Change AUGUSTE, SOSTHERNE NAME 1.2 NAME 411 S.W. 75 TRAIL STREET ADDRESS 1.3 STREET ADDRESS NORTH LAUDERDALE FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 THUE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETÉ 3.1 THLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-7/P DELETE TITLE Change Addition 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - 2)P DELETE TITLE 5.1 1010 Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAMI STREET ADDRESS 6.3 STREFT ADDRESS CITY-ST-ZIP 14. Thereby contify 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 of supplemental annual report. It has an 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 province of trustee suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

IGNATURE: V Do other All gusto

1/14/98

FILED

Apr 21 1998 8:00am

Secretary of State