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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000011722	(2)
1 Corporation Name		, ,

USA

9. Name and Address of Current Registered Agent

PRESTIGE DESIGN OF PENSACOLA, INC.

	 -
Principal Place of Business	

Mailing Address

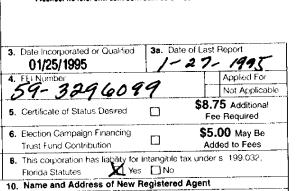
3159 MARCUS POINTE BLVD. PENSAGOLA FL 32505

2. Principal Place of Business

3159 MARCUS POINTE BLVD. PENSACOLA FL 32505

2a. Mailing Address 26 P.O. BOX

Suite, Apt. #, etc



FERGUSON, MICHAEL L 4300 BAYOU BLVD. 83 **SUITE 13 & 13** PENSACOLA FL 32503 84 City

FL 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

82

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

12.	Reporture its extraor protect game of receiving a stage to a citie it and a stage of the company	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1 1 T:TLE	Change Addition
NAME	WILLIAMS, CHARLES	1.2 NAME	
STREET ADDRESS	3159 MARCUS POINTE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	1.4 City - St - ZiP	
TITLE	DELETE	2 1 ToTLE	Change Addition
NAMÉ		2.2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY - ST - ZIP	
TITLE	DELETE	3 1 TIFLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4 City - ST - ZiP	
TITLE	DELETE	4 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CHY+ST_ZIP	
TITLE	DELETE	5 1 TULE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADOPESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	Charac D Addition
TITLE	DELETE	6 1 fill£	Change Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
		FACITY ST 2P	

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 cartify 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:

4-29-96 (904) 476-6512

Zip Code