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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000023469 (6)

1. Corporation Name
PRESTIGIOUS PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business
4081 NO. FEDERAL HIGHWAY
10
POMPANO BEACH FL 33064
US

Mailing Address
P.O. BOX 5975
POMPANO BEACH FL 33074-5975
US

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 03/22/1995 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 65-0573501 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

SCHWENK, DOUGLAS R
4081 NO. FEDERAL HIGHWAY
SUITE 10
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Douglas R. Schwenk* *Douglas R. SCHWENK - Pres.* 4/22/97
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 PD | <input type="checkbox"/> DELETE | 1.1 TITLE PRESIDENT - DIRECTOR TRANS SEC | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SCHWENK, LAURA W | | 1.2 NAME DOUGLAS R. SCHWENK | |
| STREET ADDRESS 4081 NO. FEDERAL HIGHWAY | | 1.3 STREET ADDRESS 4081 N. Federal Hwy Suite 10 | |
| CITY-ST-ZIP POMPANO BEACH FL 33064 | | 1.4 CITY-ST-ZIP POMPANO BEACH FL; 33064 | |
| TITLE STD | <input type="checkbox"/> DELETE | 2.1 TITLE DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEROCHER, LISA C | | 2.2 NAME DEROCHER LISA C | |
| STREET ADDRESS 4081 NO. FEDERAL HIGHWAY | | 2.3 STREET ADDRESS 4081 N Federal Hwy Suite 10 | |
| CITY-ST-ZIP POMPANO BEACH FL 33064 | | 2.4 CITY-ST-ZIP POMPANO BEACH FL 33064 | |
| TITLE V | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE Chairman | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JERRY ISAN | | 3.2 NAME | |
| STREET ADDRESS 4081 N FEDERAL HWY SUITE 10 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP POMPANO BEACH FL | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Douglas R. Schwenk* *President* April 22, 1997 954 782-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)