FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075699 (5)

PRESTIGE INTERNATIONAL REALTY CORP.

1111 N WESTSHORE BLVD 1111 N WESTSHORE BLVD SUITE 212 SUITE 212 DO NOT WRITE IN THIS SPACE TAMPA FL 33607 **TAMPA FL 33607** 3. Date Incorporated or Qualified 09/28/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 54-1500357 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name KOUTROUBIS, MARJORIE A 1111 N WESTSHORE BLVD Street Address (P.O. Box Number is Not Acceptable) 62 **SUITE 212** 63 **TAMPA FL 33607** City Zip Code 85 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. (NOTE Registered Agent signature require d when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change ☐ Addition 1.1 TITLE TITLE KOUTROUBIS. MARJORIE A 12 NAME NAME 1111 N. WESTSHORE BLVD., STE 212 STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE NAME RICCI, REMO R 2.2 NAME N. WESTSHORE BLVD 3969 HENDERDON BLVD 2.3 STREET ADDRESS STREET ADDRESS tampa, FL TAMPA FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE 4. 2 NAME NAME

14. Thereby 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 suppliemental 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 13 if changed or on an attachment without execute this report as required by Chapter 607, Florida Statutes, and that my name appears in

4.3 STREET ADDRESS

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

5 1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

Mayone H. Kontroylus

DELETE

DELETE

3/2/88

FILED

Apr 07 1998 8:00am

Secretary of State

;R2E034 (10/97)

Change

Change

Addition

Addition