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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000017651 (6)

PRESTIGE INVESTMENT PROPERTIES, INC.

FILED May 23 1997 8:00am Secretary of State



- Principal Place of								MARK INSTERNATION DE LA COMPANIA	
Principal Place of Business Mailing Address						(statistet tib selve brut delti berit etill eeret selt seate eller ener met seer			
6251 44TH STREET NORTH #3 6251 44TH STREET NORT PINELLAS PARK FL 34685 PINELLAS PARK FL 3378									
							3. Date incorporated or Qualified 02/26/1996	3a. Date of Last	Report
2. Principal Place			2a. Mailing	Address			4. FEI Number	1 14	pplied For
165 AN	MWOOD	ROAD	26 165	ANNW	ODD_	KOAD	65-0642267	N	lot Applicable
Suite, Apt #, 6	etc.		27	Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	HARBOR	FL	28 PAL		BOR	FL	Election Campaign Financing Trust Fund Contribution		May Be I to Fees
Zip 4] 34685		NELLAS	Zip 29 346	85	Counti	BLLAS	8. This corporation has liability for in Florida Statutes	ntangible tax under Yes	s. 199.032,
	9. Name and Ad	dress of Current	Registered A	gent		· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Reg	lstered Agent	
GOLDBLATT, MITCHELL W 6251 44TH STREET NORTH #3 PINELLAS PARK FL 34665					8:	81 Name WILLIAM R. NOBLES 82 Street Address (P.O. Box Number is Not Acceptable) 165 ANNWOOD ROAD			
11. Pursuant to t	the provisions of S	Sections 607 0502	and 607 1508	Florida Statut	es the abo	1 1/2	LM HARBOR	FL 30	Code 5
office or regingent if amif	istered agent or I familiar with and	ooth, in the State of agcept the obligation	of Florida, Such jons of, Section	Will	LLIAM	R. N	poration submits this statement for the pution's board of directors. I hereby accep	t the appointment a	s registered
Sign	grature typed or printed	name of gistered agen		le. (NOTI	E: Registered A	gent signature requ	red when reinstating)	DATE	DC IN 10
12. Tifle 2 2		OFFICERS AND	DIRECTORS	DELETE	13. 1.1 Trille		ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME V	RESIDENT	0 11		- OFFERIC	1.2 NAM			مورهان کے	La redition
STREET ADDRESS 1	NILLIAM 165 ANNU	NOBLI	56			ET ADDRESS			
CITY-ST-ZIP	Palm Had	A-A BI	34685	•	1.4 CITY-	1			
TITLE	IAPA HAR	Dor- I L	~ 7000	L. DELETE	2.1 TITLE			Change	Addition
NAME					2.2 NAMI	£			
STREET ADDRESS						ET ADDRESS			
CITY - ST - ZIP					2. 4 CITY				
10LF				DELETE	3.1 TITLE				
11161					Q. 7 71166			☐ Change	Addition
					3.2 NAM			L Change	Addition
NAME					3.2 NAMI			L_] Change	Addition
NAME STREET ADDRESS					3.2 NAMI	ET ADDRESS		L_] Change	Addition
NAME STREET ADDRESS CITY+ST+ZIF				☐ DELETE	3.2 NAMI 3.3 STAE	ET ADDRESS -ST-ZIP		☐ Change	
NAME STREET ADDRESS CITY+ST-ZIF TITLE					32 NAMI 33 STAE 34. CITY	ET ADDRESS -ST-ZIP			
NAME STREET ADDRESS CITY: ST: ZIF DITCE NAME					3.2 NAMI 3.3 STHE 3.4. CITY 4.1 TITLE 4.2 NAM	ET ADDRESS -ST-ZIP			
NAME STREET ADDRESS CITY - ST-ZIF LITTE NAME STREET ADDRESS				DELETE	3.2 NAMI 3.3 STHE 3.4. CITY 4.1 TITLE 4.2 NAM	E ET ADDRESS -ST-ZIP E E ET ADDRESS		Change	☐ Addition
NAME STREET ADDRESS CITY: ST-ZIP THE NAME STREET ADDRESS CITY: ST-ZIP					3.2 NAMI 3.3 STAE 3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP			
NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE				DELETE	3.2 NAMI 3.3 STAE 3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	E FT ADDRESS -ST-ZIP E FT ADDRESS -ST-ZIP		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DELETE	3.2 NAMI 3.3 STAE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STAE 4.4 CITY 5.1 TITLE 5.2 NAMI	E FT ADDRESS -ST-ZIP E FT ADDRESS -ST-ZIP		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				DELETE DELETE	3.2 NAMI 3.3 STAE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STAE 4.4 CITY 5.1 TITLE 5.2 NAMI	EF ADDRESS - ST- ZIP EF ADDRESS - ST- ZIP ET ADDRESS - ST- ZIP		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP				DELETE	3.2 NAMI 3.3 STAE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STAE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STAE	EF ADDRESS - ST- ZIP		Change	Addition
NAME STREET ADDRESS CITY: STI-ZIP TITTE NAME STREET ADDRESS CITY: STI-ZIP TITTE NAME STREET ADDRESS CITY: STI-ZIP TITTE THE TADRESS CITY: STI-ZIP TITTE THE TADRESS				DELETE DELETE	32 NAMI 33 STRE 34 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY	EF ADDRESS -ST-ZIP EF ADDRESS -ST-ZIP EF ADDRESS -ST-ZIP F ADDRESS -ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY: ST-ZIF TITCE NAME STREET ADDRESS CITY: ST-ZIP TITCE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS CITY: ST-ZIP TITLE NAME STREET ADDRESS				DELETE DELETE	32 NAMI 33 STRE 34. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	EF ADDRESS -ST-ZIP EF ADDRESS -ST-ZIP EF ADDRESS -ST-ZIP F ADDRESS -ST-ZIP		☐ Change	Addition

Los issued, sense yearing that the information supplied with this filling does not quality 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.

R Nobles 6/4/47 (818) 784-8923