

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

FILED
Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000030806**
1. Corporation Name
PRESTIGE PLAN ADMIN., U.S., INC.

Principal Place of Business Mailing Address

**12600 BELCHER ROAD
LARGO, FLORIDA**

3. Date Incorporated or Qualified 4/3/96	3a. Date of Last Report N/A
4. FEI Number 59-3430384	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 12600 Belcher Road	2a. Mailing Address Same
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State Largo, Florida	27 City & State
23 Zip 34643 Country USA	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**Fernando Perez III, Esquire
401 East Jackson Street, Suite 2400
Tampa, Florida 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Whyte	12 NAME	
STREET ADDRESS	12600 Belcher Road	13 STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34643	14 CITY-ST-ZIP	
TITLE	President <input checked="" type="checkbox"/> DELETE	21 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William R. Whyte	22 NAME	Ian Whyte
STREET ADDRESS	12600 Belcher Road, Largo, FL 34643	23 STREET ADDRESS	12600 Belcher Road
CITY-ST-ZIP		24 CITY-ST-ZIP	Largo, FL 34643
TITLE	Vice President <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard F.E. Newcombe	32 NAME	
STREET ADDRESS	12600 Belcher Road	33 STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34643	34 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Swanson	42 NAME	
STREET ADDRESS	12600 Belcher Road	43 STREET ADDRESS	
CITY-ST-ZIP	Largo, FL 34643	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/97 (813) 535-3359

Date Daytime Phone

CR2E034 (9/96)