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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 

DIVISION OF CORPORATIONS

DOCUMENT # P96000045852 (6)

PRESTIGE PROPERTIES OF N. FLA., INC.

FILED Feb 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address							
POST OFFICE BOX 23023 POST OFFICE BOX 2302  JACKSONVILLE FL 32241 JACKSONVILLE FL 32241			23		Ì		
					3. Date Incorporated or Qualified 05/23/1996	3a. Date of Last	Report
2. Principa	l Place of Business	2a. Mailing Address	*******		4. FEI Number	L A	Applied For
21		26					lot Applicable
Suite, Ap	pt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired		Additional Required
City & St 23	talė	City & State		i	Election Campaign Financing     Trust Fund Contribution		) May Be to Fees
Ζip	Country	Zip	Col	untry	8. This corporation has liability for i		s. 199.032,
24	25	29	30	·	7	Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	lstered Agent	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Hardison, Tilden R Jr.			81 Name			
	12330 MANDARIN MEADOWS DRIVE, E.			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
JACKSONVILLE FL 32223			<u> </u>				······································
•				83			
		•		84 City		85 Zip	Code
				<u>                                       </u>		FL of the	
office o agent. SIGNATUR	I am familiar with, and accept the obt	ite of Florida Such change was igations of, Section 607,0505, Fl	authorize Iorida Sta	d by the corpora tutes.	poration submits this statement for the p lion's board of directors. I hereby accep	t the appointment a	s registered
	Signature, typed or printed name of registered			id Agent signature requi		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PRESIDENT	☐ DELETE	1,1 1			Change	Addition
NAME	Tilden R. Hardison 12330 Mandarin M	SONOS DRIE.	1.2 N				
STREET ADORES	Jacksonville, Flo	01ha 222 22		TREET ADDRESS			
CITY - ST - ZIP	VICE PRESIDENT	DELETE		ITY-ST-ZIP		Change	Addition
TITLE	Poul IN TEMPI	LT Nerest	2.1 1	1		L Criange	LJ Addition
NAME DEDECT ADDRESS	PAUL W. JEWELL 3371 HERON DRI	úe Ni	2.2 N	1			
STREET ADDRES	JACKSONVILLE FLOA	LIBA 32250		TREET ADDRESS CITY-ST-ZIP	, and the second se		
TOLE		DELETE	3.1 T			☐ Change	Addition
NAME		hand Town of The	3.2 N				
STREET ADDRES	ss.			TREET ADORESS			
City - St - ZIP				CITY-ST-ZIP			
TITLE		DELETE	4.1 7		<del></del>	☐ Change	Addition
NAME			4.21	NAME		·	
STREET ADDRES	ss		4.3 S	TREET ADDRESS			
CITY-ST-ZIP			4.4 C	ITY - ST - ZIP			
TITLE		☐ DELETE	5.1 T			☐ Change	Addition
NAME			5.2 N	AME			
STREET ADDRES	ss		5.3 S	TREET ADDRESS			
CITY+ST-7IP			5.4 C	HTY-ST-ZIP			
THLE		DELETE	6.1 T	ΠLÉ		☐ Change	Addition
NAMÈ			6.2 N	IAME			
STREET ADDRES	ss (		6.3 S	TREET ADDRESS			
City - S1 - ZiP			6.4 0	ITY-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:

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16/97

(9.4) 260-0840