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

CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jun 10 1997 8:00am Secretary of State

200 - BINT?

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FLORIDA PRESTIGE REFERRALS, INC. KENTALS

Principal Place of Business

MADEIRA BEACH FL 33708	MADEIRA BEACH FL 33708-1	1963		
			3. Date Incorporated or Qualified 05/24/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	CPT	4. FEI Number	Applied For
21 8200 120th STREET	36 8.500 150-Ar	<u>ST.</u>	28 - 339 98	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Cily & State	F 7.	6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip SEMINOLI	Country	Trust Fund Contribution	Added to Fees
24 33772 25 454 FL		IF JUL TO	8. This corporation has liability for in Florida Statutes	reangible tax under s. 199.032,
9. Name and Address of Current			10. Name and Address of New Reg	Istered Agent
GOBEL, JORG		81 Name	ong Gobec	
15103 MADEIRA WAY			<del>-</del>	e)
MADEIRA BEACH FL 33708	82	8200 120 A STREET		
		83		
•		84 City Cr	MINOCE	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508. Florida Statular	<del></del>		FL 35772
office or registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	tion's board of directors. Thereby accep	t the appointment as registered
agent. I am familiar with, and accept the obligation		M Statuler.	/ 00	22-92
SIGNATURE Signature, typed or printed name of registered ager		Registered Agent signature requir	red when reinstalling)	-22-97
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE JORG GOREL	DELETE	1,1 TITLE		Change Addition
NAME 8200 120 th ST	N PRESIDENT	1.2 NAME		
		1.3 STREET ADDRESS		
CITY-ST-ZIP SENINOLE	IC 33-115	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		22 NAME		
STREET ADDRESS		2.3 \$1REE1 ADDRESS		
CITY-ST-ZIP		2.4 C(1Y-S1-ZIP		
TITLE	☐ DELETE	3.1 1ITLE		Change
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-24P		4.4 CITY-ST-ZIP		
TITLE	DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		M/L
STREET ADDRESS		5.3 STREET ADDRESS		# 101/01an
CITY-ST-ZIP		5.4 CITY-S1-ZIP	//	14772
TITLE	DELETE	6.1 TITLE	06	Change Addition
NAME		6.2 NAME		. 1
STREET ADDRESS		6.3 STREET ADDRESS	DI	· Santy/
City-St-zip	1 30 11 20 1	6.4 CITY+ST-ZIP	$\mathcal{L}$	(VEP) /65
14. I do hereby certify that the information supplied information indicated on this annual report or si	upplemental annual report is tru	e and accurate and that	I my signature shall have the same legal	effect as if made under oath; that
I am an officer or director of the corporation or appears in Block 12 or Block 13 if changed for	the receiver or trustee empowe	red to execute this repor	rt as required by Chapter 607, Florida St	atutes; and that my name

RITARIAME