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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000097986

1. Corporation Name

PRESTIGE BUILDER SYSTEMS, INC.

## **FILED** Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90035 023 \*\*\*158.75



Principal Place	of Business	- - 4		131 18818 1819	HOLIN ALIH INNL					
1883 HIGH STREET 1883 HIGH STREET LONGWOOD FL 32750 LONGWOOD FL 32750						DO NOT WRITE	E IN THIS S	SPACE		;
{						3. Date Incorporated or Qualifed				i
						12/02/1996				i
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For				
21		26				59-3415047		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27			Fee Required					
		City & State			6. Election Campaign Financing \$5.00 May Be				_	
23		[28]			Trust Fund Contribution Added to Fees					
l Zip ├─┐	Country	Zip	Countr			8. This corporation owes the current year Intangible Personal Property Tax.			□No	
24	25	29 30 sees of Current Registered Agent				10. Name and Address of New Registered Agent				ı
<del></del>	9. Name and Address of Current	t Registered Agent		81	Name	10. Harrie and readings or their fee	<u></u>			
SHEPPARD, THOMAS J					<u> </u>		<del></del>			
	HIGH STREET		82 Street Addre			ss (P.O. Box Number is Not Acceptab	ile)			ı
1	GWOOD FL 32750		ţ							1
								7-1	O	
}				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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist					t signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	DIRECTO	DRS IN 12	1/00/
12.		RS AND DIRECTORS		TLE		ADDITIONS/CHANGES TO OFF	OLING AINE	☐ Change	Addition	7
TITLE	P Sheppard, Thomas J	_ vecene		1.2 NAME				_ `	-	3
NAME STREET ADDRESS	1883 HIGH STREET			1.3 STREET ADDRESS						200
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY							ก็
TITLE	VP	☐ DELETE	2.1 T		-			☐ Change	Addition	Č
NAME	ROMINGER, STEPHEN L		2.2 N	AME						
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CITY-ST-ZIP	LONGWOOD FL		2.40		T-21P					
TITLE	CST	DELETE -			Logis 1			☐ Change	- 🔲 Addition	- 1
NAME	CHARLIE ANN WILSON		3.2 NAME		}					1
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NAME			5.2 NAME		4 PDD500					l
STREET ADDRESS			1		ADDRESS					
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TITLE		☐ DELETE	6.1 TITLE 6.2 NAME					□ change	L'1 vantage	l
NAME					ADDRESS					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 C	กษรา	-ZIP					Į

14. 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 of 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 charged, or on a rattashment with an address, with all other like empowered.

SIGNATURE: