
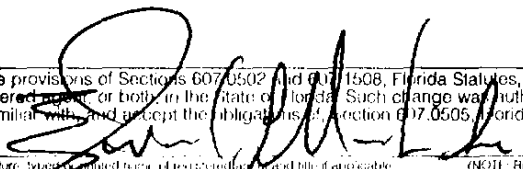
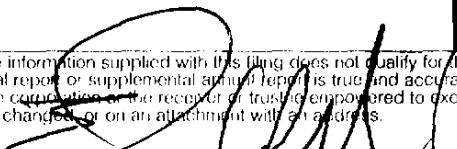


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000019659 (6) 1. Corporation Name PRESTIGE MANAGEMENT GROUP, INC.			
Principal Place of Business 4635 S DEL PRADO BLVD CAPE CORAL FL 33910		Mailing Address 4635 S DEL PRADO BLVD CAPE CORAL FL 33910	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 12155 METRO PKWY Suite, Apt. #, etc. 22 SUITE 28A City & State 23 FT MYERS FL Zip 24 33912 25 LEE		2a. Mailing Address 26 12155 METRO PKWY Suite, Apt. #, etc. 27 28A City & State 28 FT MYERS FL Zip 29 33912 30 LEE	
3. Date Incorporated or Qualified 02/26/1997		4. FEI Number 65-0749551	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. Additional Fee Required \$8.75 May Be Added to Fees	
9. Name and Address of Current Registered Agent MCKINNEY, LANCE M 4635 S DEL PRADO BLVD CAPE CORAL FL 33910		10. Name and Address of New Registered Agent 81 Name EDWARD L. MAROTI SR. 82 Street Address (P.O. Box Number is Not Acceptable) 12155 METRO PKWY 83 SUITE 28A 84 City FT MYERS FL 85 Zip Code 33912	
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  DATE 4-5-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D MAROTI, ED STREET ADDRESS 6258 PRESIDENTIAL CT SUITE 106 CITY-ST-ZIP FT MYERS FL 33919		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME EDWARD L. MAROTI SR. 1.3 STREET ADDRESS 12155 METRO PKWY 1.4 CITY-ST-ZIP FT MYERS FL 33912	
2.1 TITLE <input type="checkbox"/> DELETE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
14. I 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: 		4-5-98 768-1991	

CR2E034 (10/97)