

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90046 039 ***150.00

DOCUMENT # P97000025112

1. Corporation Name

PRESTIGE PROPERTIES (GULFCOAST), INC.

Principal Place of Business

~~3506 RADIO ROAD~~
~~NAPLES FL 34104~~

Mailing Address

~~3506 RADIO ROAD~~
~~NAPLES FL 34104~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1997

4. FEI Number

59-3446471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2506 ORCHID BAY DR

Suite, Apt. #, etc.

22 # 201

City & State

23 NAPLES FL

Zip

24 34109

Country

25

2a. Mailing Address

26 PO Box 720250

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip

29 34107

Country

30

9. Name and Address of Current Registered Agent

LANZARO, ELAINE

~~3506 RADIO ROAD~~

~~NAPLES FL 34104~~

10. Name and Address of New Registered Agent

81 Name

LANZARO, ELAINE

82 Street Address (P.O. Box Number is Not Acceptable)

2506 ORCHID BAY DR #201

83

84 City

NAPLES

FL

85 Zip Code

34109

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LANZARO, ELAINE

STREET ADDRESS ~~3506 RADIO ROAD~~

CITY-ST-ZIP ~~NAPLES FL 34104~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

LANZARO, ELAINE

1.3 STREET ADDRESS

2506 ORCHID BAY DR #201

1.4 CITY-ST-ZIP

NAPLES FL 34109

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0463527