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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morgham, 🔪

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT #

P97000034511 (0)

PRESTIGE GUNITE OF TAMPA, INC.

Principal Place of Business Mailing Address 7228-C WESTPORT PL 7228-C WESTPORT PL WEST PALM BEACH FL 33413 WEST PALM BEACH FL 33413 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 10118 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MAMPA Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 U.S. Personal Property Tax due June 30. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MAHONEY, BRIAN A 7228-C WESTPORT PL Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33413 Zip Code City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1 1 TITLE TITLE MAHONEY, BRIAN A NAME 1.2 NAME 7228-C WESTPORT PL 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33413 1.4 CITY-ST-ZIP CITY - ST - ZIP ☐ Change DELETE TITLE 2.1 TITLE NAME 2.2 NAME AUTI-LIEE COENIELLUS STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME

> 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

R 2 NAME

DELETE

SIGNATURE:

14. Thereby certify that the information indicated on this annual report or officer or director of the corporation Block 12 or Block 13 if diagnost 0

supplied

ADDRESS

STREET ADDRESS

CITY - ST - ZIP.

TITLE

STREE

2|25/98

s filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trust to improve the execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

**FILED** 

May 01 1998 8:00am

Secretary of State

561-418-9920

Change

Addition