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

FLORIDA DEPARTMENT OF STATE

Aug 19 1998 8:00am Secretary of State

PROFIT CORPORATION Sandra B. Mortham Secretary of State

ANNUAL REPORT 1998

70000 37104

DIVISION OF CORPORATIONS

1. Corporation Name	170000	٠ ا			
Prostice D	une mostre A	ssociates	Inc.		
1. Corporation Name Prestise FHOO N UN Principal Place of Business	3 Dr 3	14 -	MAYAC FL 33321		
Principal Place of Principals	1 Jersing Dri	I I TIVE			
Principal Place of Business	Malling Address	1 +211	,)		
BUND NUNI	versity Drive	Sul or	7		
(232))			DO NOT WRITE IN TH	IIS SPACE	
Principal Place of Business Mailing Address G400 Nuniversity Drive Suit 314 TAMARAC FL 33332			3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	AP	plied For
21	26 Suite Ant # ota		65-075696		t Applicable
Suite, Apt. #, etc. 3/4	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	City & State		& Floation Compaign Financing		
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip Country	Zip	Country	8. This corporation owes or has paid the		
24 25	29 30	0	Personal Proporty Tax due June 30.] No
Name and Address of C	urrent Registered Agent		10. Name and Address of New Register	ed Agent	
e de la constante de	alle	81 Name			
Donowi	accide DC 3/4	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
Bolivar Po 8400 N WNI	sers 119 Di	'			
TAMARC &	~ 33321	83			
1441110	0 3300	84 City		85 Zip C	Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the	7.0502 and 607.1508, Florida Statutes, State of Florida. Such change was aut	, the above-named corp horized by the corporat	oration submits this statement for the purpos ion's board of directors. I hereby accept the i	e o f changing its a pp ointment as	s registered registered
agent. I am familiar with, and accept the	obligations of, Section 607.0505, Floric	da Statutes.			
SIGNATURE Signature, typed or printed name of tog stor	AIOTE 5	Registered Agent signature require	ed whon reinstaling) DAT		
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		S IN 12
	30 live 2 DELETE	1.1 TITLE	7,0017,070,017,070,070	Change	Addition
NAME	univesity Dr314	1.2 NAME			
STREET ADDRESS 8400 N	20102311 21 01 1	1.3 STREET ADDRESS			
CITY-ST-ZIP TAMAYAC	FL	1.4 CITY-ST-ZIP			
1)TLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	1	2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-\$1-ZIP		2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		∟ Change	Addition
NAME	!	3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
C(TY-SI-ZIP	DELETE	3.4. CITY - ST - ZIP		Change	Addition
TITLE	C. Deceie	4.1 TITLE		LI Change	L.J MOUIDOR
NAME		4.2 NAME			
STREE NODRESS		4.3 STREET ADDRESS			
TITLE	DELETE .	4.4 CITY - ST - ZIP 5.1 TITLE		Change	Addition
NAME	E PETRE	5.2 NAME		Eur Diningo	
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-S1-ZIP		5.4 CITY-ST-ZIP			ſ
TITLE	DELETE	61 TITLE		Change	Addition
NAME		6.2 NAME	4000026209	5 8 4 °	Æ
STREET ADDRESS		6.3 STREET ADDRESS	4000026209 -08/20/9801013	0 3 9	8.15
1			ereren (j. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17		-

***550.00 CITY-ST-ZIP 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 trystee empoyology 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 appetition of the corporation of the co

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