

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000101369 (1)**

1. Corporation Name

PRESTIGE OF PALM BEACH, INC.

Principal Place of Business

**5440 N OCEAN DRIVE #405
SINGER ISLAND FL 33404**

Mailing Address

**5440 N OCEAN DRIVE #405
SINGER ISLAND FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1997

4. FEI Number

65-0808169

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No **NIA**

2. Principal Place of Business

21 90 Airport Hilton

Suite, Apt. #, etc.

22 150 Australian Ave

City & State

23 West Palm Beach

Zip

24 33406

Country

25 USA

2a. Mailing Address

26 90 Airport Hilton

Suite, Apt. #, etc.

27 150 Australian Ave

City & State

28 West Palm Beach

Zip

29 33406

Country

30 USA

9. Name and Address of Current Registered Agent

**ANDERSON, ALAN F
1201 US HWY ONE STE 435
NO PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name

Thomas Vrastak II

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

150 Australian Ave

83

90 Airport Hilton

84 City

West Palm Beach, FL

85 Zip Code

33406

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

Thomas Vrastak II

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
PSD
VRASTAK, THOMAS J II
STREET ADDRESS
5440 N OCEAN DRIVE #405
CITY - ST - ZIP
SINGER ISLAND FL 33404**

TITLE ☐ DELETE

**NAME
VTD
GIBSON, GREGORY M
STREET ADDRESS
16 CAPTAINS DRIVE
CITY - ST - ZIP
ISLIP NY 11751**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

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 any attachment with an address.

SIGNATURE:

Thomas Vrastak II

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/98 561-687-9800

DATE Daytime Phone # 00000001

CR2E034 (10/97)