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

DOCUMENT # P98000006959 1. Corporation Name

PRESTIGE INVESTORS & MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4593 EMPIRE WAY GREENACRES FL 33463	4593 EMPIRE WAY GREENACRES FL 33463

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

05-07-1999 90065 022 ***150.00



Principal Place	e of Business	Mailing Address						
4593 EMPIRE V	VAY	4593 EMPIRE WAY						
GREENACRES I		GREENACRES FL 33463			5.	NOT MIDITE IN THE	C CDACE	
						NOT WRITE IN THIS	SPACE	
					3. Date Incorporated	or Qualifed		
					01/22/1998			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1747		plied For
21		26			65-080	70171	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status	s Desired	\$8.75 A	
22		27			5. Certificate of Status	Desired []	Fee Re	quired
City & State	e	City & State			6. Election Campaign	Financing	\$5.00	May Be
23		28			Trust Fund Contrib	ution	Added to	o Fees
Zip	Country	Zip	Countr	у	8. This corporation of	wes the current year Ir	ntangible	
24	25	29 30			Personal Property	Tax.	☐ Yes	No
	9. Name and Address of Curren	t Registered Agent			10. Name and Addre	ss of New Registered	Agent	
			81	Name	Yolanda CA	MPBELL		i
POR	ro, hilda m		82	Ctroot A	1 101 -0 -1			_
1276	9 WEST FOREST HILL BOULEV	ARD	64	1776	ddress (P.O. Box Number is	iAy		1
SUIT	E E		83				-	
	LINGTON FL 33414							
			84	City	eenques	FI	85 Zip (ode 3
44 5	to the provisions of Sections 607.050	2 and 607 1509 Elected Statutes	the abov				_ -//	
office or n	egistered agent, or both, in the State m familial with, and accept the obliger	of Florigia./Such change was auth	orized by	the corpor	ration's board of directors. I h	ereby accept the appo	intment as re	gistered
agent. I a	m familial with, and accept the obliger	tions of, Section 607.0505, Florida	a Statute	S.		(/	-77-0	90
SIGNATURE	11) Conque					DATE		
40	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	distered Age	ent signature re-	quired when reinstating)	GES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	· · · · · · · · · · · · · · · · · · ·	DELETE	1.1 TITLE		ADDITIONS/OTAN	SEC TO OFFICEROA	☐ Change	Addition
TITLE	D	- Dette it	1.2 NAME					
NAME	CAMPBELL, YOLANDA							
STREET ADDRESS	4593 EMPIRE WAY			ET ADORESS				
CITY-ST-ZIP	GREENACRES FL 33463		1.4 CITY-				Change	Addition
TITLE	,	☐ DELETE	2.1 TITLE				Change	
NAME			2.2 NAME					,
STREET ADDRESS			2.3 STREE	ET ADORESS				-1
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				
TITLE		☐ DELĒTĒ	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME	į				-
STREET ADDRESS			3.3 STREE	ET ADDRESS				
CITY-ST-ZIP			3.4. C/TY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4. 2 NAME	·				
STREET ADDRESS	1		4.3 STREE	ET ADDRESS				
City-ST-ZIP			4.4 CITY-					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
				ET ADDRESS				
STREET ADDRESS			5.4 CITY-				1	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Change	Addition
TITLE		□ bereie	6.2 NAME				2,10,190	
NAME	Ļ			l				
STREET ADDRESS	İ		6.3 STRE	ET ADDRESS				

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, of of an attachment with an address, with all other like empowered.

SIGNATURE: