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

Mailing Address

2919 EAST COMMERCIAL BOULEVARD

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90073 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028636

2919 EAST COMMERCIAL BOULEVARD

Principal Place of Business

CITY-ST-ZIP

SIGNATURE:

K C PRESTIGE HOMES, INC.

FT. LAUDERDAL	FT. LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE				
	- 1					3. Date Incorporated or Qualifed 03/26/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21		26				65-082596	/	Not	l Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_				\$8:75 A	dditional
22	,	27				5. Certifcate of Status Desired		Fee Rec	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23	-	28				Trust Fund Contribution	_	Added to	•
Zip	Country	Zip	Count	īv		8. This corporation owes the current	vear Intano	nible	
· ·	25	⊢ `	30	•		Personal Property Tax.			□No
24	9. Name and Address of Current		<u>90,</u>			10. Name and Address of New Reg	istered Ag	ent	
	5, Name and Address of Content	110 810101 00 1180111	8	1	Name				
KATZ	Z, ALLEN H P.A.								
2919 EAST COMMERCIAL BOULEVARD				82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE A.				3				 -	
	AUDERDALE FL 33308		°	.3					
11. 6	AODENDALE I E COCCO		8	4	City		p= 3	85 Zip C	ode
		Sely the g					_FL		
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							DATE		\
	Signature, typed or printed name of registered agent	<u></u>		gent	signature required	d when reinstating)		DIDECTO	DC IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		Change	☐ Addition
TITLE	VS	☐ DELETE	1.1 TITLE		ĺ		Ĺ	"I criange	
NAME	HOLL, GAIL		1.2 NAME	E				/	
STREET ADDRESS	12389 SW 1ST STREET		1.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1.4 CITY-	·ST-	-ZIP				
TITLE	-	☐ DELETE	2.1 TITLE	•		-	L] Change	Addition :
NAME			2.2 NAME	Ε					
STREET ADDRESS			2.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP			2. 4 GITY	-st	:-ZIP				
TITLE		☐ DELETE	3.1 TITLE	=				Change	☐ Addition
NAME			3.2 NAME	Ε					
STREET ADDRESS	•		3.3 STRE	EFT/	ADDRESS				
			3.4. CITY		·				
CITY-\$T-ZIP		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAM					_	_
STREET ADDRESS					ADDRESS				
CITY-\$T-ZIP	•		4.4 CITY-	-87-	-ZIP				
TITLE		DELETE	5.1 TITLE				1	Change	Addition
NAME			5.2 NAME	E					
STREET ADDRESS			5.3 STRE	ET/	ADDRESS	÷			
		Ā	5.4 CITY-						
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE				· · ·	Change	Addition
i			6.2 NAME				_	_ •	
NAME:			•		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.