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

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90117 011 ***150.00

DOCUMENT #	P98000067019
C. C. C. Stewart	1 20000001010

1. Corporation Name

PRESTIGE MORTGAGE LENDING, INC.

Principal	Place	of	Busines	S
				-

1065 NE 125 ST #211 N MIAMI FL 33161

Mailing Address

1065 NE 125 ST #211 N MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

					201101 111112 111 11100		
					Date Incorporated or Qualifed 07/30/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ar	plied For
1065	N.E. 125 H STREET	26 1065 N.E. 12	sth c	TREET	65-0854949	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	:	5. Certificate of Status Desired	\$8.75 Fee Re	Additional
2 304		27 304					
City & State	1 AMI	City & State 28 N. MIAMI			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	•
Zip	Country	Zip	Country	y	8. This corporation owes the current year Intar	ngible	
FI	25 USA	29 =1	o U	SA	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
WHI	ttaker, laurie s				(D.O. B. Allerta in New Assessments)		
1065	5 NE 125 ST #300		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
N M	IAMI FL 33161		83	 	- 		
*****	 .		"				
			84	City		85 Zip	Code
				<u> </u>	FL	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corp	poration submits this statement for the purpose of control board of directors. I berefy accept the appoint	nanging its ment as re	registered oistered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida, Such change was auti ons of Section 607,0505, Florid	norized by la Statute:	/ tne corporations.	on's board of directors. I hereby accept the appoint	illein as ie	gistered
	and accept the obligation	5., 5554511 361 19560, 7 10114					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	edistered Age	nt signature require	d when reinstating) DATE		
12.	OFFICERS AND	_ 	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	Addition
	WHITTAKER, LAURIE S		1.2 NAME	İ			
NAME			•				
STREET ADDRESS	1065 NE 125 ST #211			TADORESS	,		
CITY-ST-ZIP	N MIAMI FL 33161		1.4 CITY-5	ST-ZIP			
TITLE) VD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	WHITTAKER, KENNETH W		2.2 NAME	1			
STREET ADDRESS	12000 N BAYSHORE DR #108		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33181		2.4 CITY-	ST-ZIP			
TITLE -	SD	☐ DELETE~	3.1 TITLE			Change	☐ Addition
NAME	WHITTAKER, HELEN R	_	3.2 NAME				
	12000 N BAYSHORE DR #108			1	·		
STREET ADDRESS	l		1	T ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33181	□ DELETE	3.4. CITY-	S1-ZIP		Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				- Addition
NAME	1		4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP			
TITLE	, :	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	}			
STREET ADDRESS			5.3 STREE	ET ADDRESS			
	{		5.4 CITY-	į.			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE	1	☐ bereie	6.2 NAME	ſ			
NAME			1				
STREET ADDRESS	1		6.3 STREE	ET ADDRESS			
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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or suppl officer or director of the comporation of Block 12 or Block 13 if changed of on

SIGNATURE