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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9800089006

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90007 028 ***150.00

1. Corporation Name PRESTIGE MORTGAGE GROUP, INC.										
									1 (1884) 188 (188 (1881) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1884) 1	
Principal Place of Business Mailing Address										
11970 S.W. 51ST COURT 11970 S.W. 51ST COURT										
COOPER CITY FL 33330 COOPER CITY FL 33330									DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualifed	
									10/19/1998	
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For	
21					26				65-0870808 Not Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	
22					City & State				6. Election Campaign Financing \$5.00 May Be	
City & State					28				Trust Fund Contribution Added to Fees	
Zip		С	ountry	20	Zip		Country		8. This corporation owes the current year Intangible	
24		25	-	29		30			Personal Property Tax. Yes No	
	9. Name	and /	Address of Curren	t Regis	tered Agent				10. Name and Address of New Registered Agent	
	(A B)44.01	-					81	Name		
BRAVO, DIANNE 11970 S.W. 51ST COURT							82	Street Ad	t Address (P.O. Box Number is Not Acceptable)	
COOPER CITY FL 33330										
000							83			
								City	FL 85 Zip Code	
11. Pursuant	to the provis	sions o	f Sections 607.050	2 and 6	07.1508, Florida St	atutes, th	ne above	-named co	corporation submits this statement for the purpose of changing its registered	
office or re	egistered ag	ient, oi	both, in the State	of Florid	da. Such change wa , Section 607.0505,	as author	ized by	the corpora	ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE			_							
	Stgnature, typed	or printe	of registered ager					t signature requ	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		OFFICERS AN	ID DIRE	DELETE		13. 1.1 TITLE	· · · · · ·	Change Addition	
NAME	BRAVO, I	MANN	IE S				1.2 NAME	ļ		
STREET ADDRESS	440TA ALM 540T COURT							ADDRESS		
CITY-ST-ZIP COOPER CITY FL 33330								r-ZIP		
TITLE	D				☐ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	KNIGHT,	VANI	A				2.2 NAME			
STREET ADDRESS	34 MADE	IRA /	\PT. #6				2.3 STREET	ADDRESS		
CITY-ST-ZIP	CORAL C	GABLE	S FL 33134				2. 4 CITY-S	T-ZIP		
TITLE					☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME							3.2 NAME			
STREET ADDRESS							3.3 STREET			
CITY-ST-ZIP					□ DELETE		3.4. CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE					☐ DELETE		4.1 TITLE			
NAME						4	4. 2 NAME	*DDBECO		
STREET ADDRESS						4	4.3 STREET		1	
CITY-ST-ZIP TITLE					☐ DELETE		4.4 CITY-ST 5.1 TITLE	1-21-	☐ Change ☐ Addition	
NAME							5.2 NAME			
STREET ADDRESS]	5.3 STREET	ADDRESS		
CITY-ST-ZIP]	5.4 CITY- ST	r-ZIP		
TITLE			•		☐ DELETE	· 1	6.1 TTTLE		Change Addition	
NAME						1	6.2 NAME			
STREET ADDRESS						1	6.3 STREET	ADDRESS		
O/D/ OT 7/0	l ' '					1	64 CITY-ST	r. 7IP	1	

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 of 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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (954) 252-8987