PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000101472

1. Corporation Name

PRESTIGIOUS PROPERTY IN PARADISE, INC.

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Principal Place	e of Business	Mailing Address		-	
757 SE 17TH ST	REET	757 SE 17TH STREET			
SUITE 398		SUITE 398		DO NOT WRITE IN THIS SPACE	
FORT LAUDERDA	ALE FL 33316	FORT LAUDERDALE FL 33316		3. Date Incorporated or Qualifed	\neg
0.00	Hara of Dunings	2a. Mailing Address	_	12/04/1998 4. FEI Number Applied For	\dashv
—	lace of Business	<u> </u>		65-0870643 Not Applicab	ole
Suite, Apt.	# ota	Suite, Apt. #, etc.		\$8.75 Additional	\exists
	#, BLC.	27		5. Certificate of Status Desired Fee Required	1
City & Stat	re	City & State		6. Election Campaign Financing \$5.00 May Be	٦
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25	29 30]	Personal Property Tax. Yes No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		1
CHANDLER, J D			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	ᅱ
757 SE 17TH STREET					
SUITE 398			83		
FORT	LAUDERDALE FL 33316		84 City	85 Zíp Code	一
				FL\"\	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corporati	poration submits this statement for the purpose of changing its registered	d
office or r	registered agent, or both, in the state im familial with, and accept the obliga	tions of Section 607.0505, Florida	Statutes.	ion's board of directors. I hereby accept the appointment as registered	- }
SIGNATURE	1 /61 NU \1/2	~ 11	NES D. CHI	ANDLER 1/21/99	ł
SIGNATURE	Signature, types of pilhted name di registeres age	nt and title if applicable. (NOTE: Re	gistered Agent signature require	red when reinstating)	
12.	·	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1	PCD	☐ DELETE	1.1 TITLE	Clarige C Addi	""
NAME	JOHNSON, PATRICE		1.2 NAME		\
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33316		1.4 CITY-ST-ZIP	☐ Change ☐ Addi	ition
TITLE	STD	☐ DELETE	2.1 TITLE	□ change □ ∞	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	SAEZ, MANNY		2.2 NAME		j
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-2IP	FORT LAUDERDALE FL 33316	□ DELETE	2. 4 CITY-ST-ZIP	Change Addi	ition
TITLE		Dereie	l		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addi	ition
TITLE		C) Decerte	4.2 NAME		j
NAME				,	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TTLE	☐ Change ☐ Add	ition
		_ 000010	5.2 NAME	- · -	ļ
NAME STREET ADDRESS			5.3 STREET ADDRESS		- 1
STREET ADDRESS]		5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Add	ition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		ł
1 (217.51.70)	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 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.

SIGNATURE:

CITY-ST-ZIP

Mar 11, 1999 8:00 am Secretary of State

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