

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00766 (3)

1. Corporation Name

PRESTIGE PRODUCTS INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

1130 CEDAR CREEK WAY
DAVIE FL 33325

1130 CEDAR CREEK WAY
DAVIE FL 33325

3. Date Incorporated or Qualified

09/05/1990

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0243497

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☐

Yes

☒

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCWATERS, SANDRA
1130 CEDAR CREEK WAY
DAVIE FL 33325

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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

Signature typed or printed in name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11. TITLE ☐ Change ☐ Addition

NAME
DPS
MCWATERS, MARK R.
STREET ADDRESS
1130 CEDAR CREEK WAY
CITY - ST - ZIP
DAVIE FL

12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

TITLE ☐ DELETE

21. TITLE ☐ Change ☐ Addition

NAME
T
MCWATERS, MARK R.
STREET ADDRESS
1130 CEDAR CREEK WAY
CITY - ST - ZIP
DAVIE FL

22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

TITLE ☐ DELETE

31. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

TITLE ☐ DELETE

41. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

TITLE ☐ DELETE

51. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

TITLE ☐ DELETE

61. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK R. MCWATERS
PRESIDENT

7/12/96

954-473-5157

CR2E034 (3/96)