

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 20 AM 9:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**500001519195
-06/21/95--01046--003
****225.00 ****225.00**

DO NOT WRITE IN THIS SPACE

DOCUMENT # V 20857
1. Corporation Name
Prestige Financial Group, Inc.

Principal Place of Business Mailing Address
**2310 NW 3rd Ave
Pompano Beach, FL 33060**

3. Date incorporated or Qualified **March 13 1992** 3a. Date of Last Report **1993**

4. FEI Number **65-0318217** 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2310 NW 3rd** 26 **Same**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **Pompano Beach FL** 27 **FL**
City & State City & State
24 **33060** 25 **USA** 29 **33060** 30 **USA**
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**Donald Jones
2009 NE 22 Street
Wilton Manors, FL 33305**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P O Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	President
NAME	Donald S. Jones
STREET ADDRESS	2009 NE 22 St.
CITY-ST-ZIP	Wilton Manors FL 33305
TITLE	Secretary
NAME	Nancy Tilken
STREET ADDRESS	7541 Lander Drive
CITY-ST-ZIP	Lake Worth, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

6/26/95 *MSJ*

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)(b), 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. 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, as indicated, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95

305-781-9001