

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

FILED

**Feb 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V69543 (9)
1. Corporation Name
PRESTIGE FINANCIAL SERVICES CORPORATION



Principal Place of Business 2310 NW 3RD AVE SUITE 6 POMPANO BEACH FL 33060 US	Mailing Address 2310 NW 3RD AVE SUITE 6 POMPANO BEACH FL 33060-4963 US
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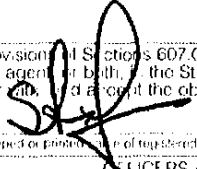
3. Date Incorporated or Qualified 10/07/1992	3a. Date of Last Report 05/16/1996
4. FEI Number 65-0363891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1287 E. Newport Center Dr Suite, Apt. #, etc.	2a. Mailing Address 21 Dr 1287 E. Newport Center Suite, Apt. #, etc.
22 203 City & State	27 203 City & State
23 Deerfield Beach, FL Zip Country	28 Deerfield Beach, FL Zip Country
24 33442 25 Broward	29 33442 30 Broward

9. Name and Address of Current Registered Agent
**JONES, STAN
2310 NW 3RD AVE
SUITE 6
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1287 E. Newport Center Dr.
83 **Suite 203**
84 City
Deerfield Beach 85 Zip Code
FL 33442

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  **Stan Jones** DATE **2/14/97**

Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	JONES, STAN
STREET ADDRESS	2310 NW 3RD AVE, SUITE 6
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	VPS <input type="checkbox"/> DELETE
NAME	TILKIN, NANCY A.
STREET ADDRESS	2310 NW 3RD AVE, SUITE 6
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1287 E. Newport Center Dr. Ste 203
1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1287 E. Newport Center Dr Ste 203
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **Stan Jones** Pres. DATE **2/14/97** DAYTIME PHONE # **954-429-3800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)