**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K76180 (4)PRINCESS HOLDINGS, INC. Principal Place of Business Mailing Address 4843 W KENNEDY BLVD 4843 W KENNEDY BLVD TAMPA FL 33609 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1989 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 59-2940220 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FREEMAN, MINNIE 4843 W KENNEDY BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 83 84 City 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 bile if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE FREEMAN, MINNIE NAME CR2E034 1.2 NAME STREET ADDRESS 17940 GULF BOULEVARD #14A 1.3 STREET ADDRESS REDINGTON BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITLE 2 1 TITLE Change FREEMAN, LELAND NAME 2.2 NAME 17940 GULF BOULEVARD #14A STREET ADDRESS 2.3 STREET ADDRESS REDINGTON BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME TAMARA HUBER 3.2 NAME 19727 GULF BLVD 108 STREET ADDRESS 3.3 STREET ADDRESS INDIAN SHORES BCH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 roceiver 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 altachment with an address.

SIGNATURE: 

MINNIE FREEMIN

3/24/98

813-259-2511

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

Change

\_\_\_ Addition

DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP