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

Mailing Address

**TAMPA FL 33609** 

4843 W KENNEDY BLVD

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # K76180

1. Corporation Name

Principal Place of Business

4843 W KENNEDY BLVD **TAMPA FL 33609** 

PRINCESS HOLDINGS, INC.

US	U\$						DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed		
								03/29/1989		
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number		Applied For
21		26	ŭ					59-2940220	П	Not Applicable
Suite, Apt.	# etc.	1-01	Suite, Apt. #, etc.				,		\$8.7	5 Additional
22	.,	27						5. Certifcate of Status Desired	Fee	Required
City & State	ė	- <del></del>	City & State					6. Election Campaign Financing	\$5.0	00 May Be
23		28	•	-		_		Trust Fund Contribution		ed to Fees
Zip	Country	201	Zip	C	ountry			8. This corporation owes the current year Int	angible	
24	25	29		30	,			Personal Property Tax.	Yes	□No
24	9. Name and Address of Current	1	tered Agent	1301				10. Name and Address of New Registered	Agent	
	5. Name and Address of Content	Ivegio	telen våen		81	Nam			E	
FREEMAN, MINNIE										
4843 W KENNEDY BLVD					82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33609					-					
IAM	FA FL 33003				83			·		
					84	City			85 Z	ip Code
						i -		<u> </u>	<u>-                                    </u>	·
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florid	ta. Şuch change was	s authoriz	ea by	the co	o corpo poration	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	intment as	s registered
SIGNATURE										
	Signature, typed or printed name of registered agent					nt signatui	e required	when reinstating) DATE	ID DIDE	TODO IN 42
12.	OFFICERS AND	DIRE		1				ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DP		☐ DELETE	1.1	TITLE				☐ Chan	ge Addition
NAME	FREEMAN, MINNIE			1.2	NAME		1			
STREET ADDRESS	17940 GULF BOULEVARD #14A	1		1.3	STREE	T ADDRES	s	•		
CITY-ST-ZIP	REDINGTON BEACH FL			1.4	CITY-S	T- ZIP				
TITLE	T		☐ DELETE	2.1	TITLE				Chan	ge
NAME	FREEMAN, LELAND			2.2	NAME					
	17940 GULF BOULEVARD #14A	١				TADDRES	:c			
STREET ADDRESS		`					~			
CITY-ST-ZIP	REDINGTON BEACH FL		☐ DELETE		4 CITY-S	SI-ZIP			Char	ge Addition
TITLE	VP						l			<b>-</b>
NAME	TAMARA HUBER				NAME	,	-	man to a company the transfer of the company of the		<del></del> -
STREET ADDRESS	19727 GULF BLVD 108			3.3	STREE	TADDRES	iS			
CITY-ST-ZIP	INDIAN SHORES BCH FL				CITY-S	ST-ZIP				
TITLE			☐ DELETE	4.1	TITLE				☐ Char	ige
NAME				4.	2 NAME					
STREET ADDRESS				4.3	STREE	T ADORES	s			
CITY-ST-ZIP				4.4	CITY-S	T-ZIP				
TITLE			☐ DELETE		TITLE				Char	ge Addition
NAME				5.2	NAME					
				51	STREE	T ADDRES	ss	·		
STREET ADDRESS					CITY-S					
CITY-ST-ZIP			☐ DELETE		TITLE	11-DE	<del> </del>		Char	ge Addition
TITLE									001	7,125,001
NAME					NAME					
OTDEET ADDRESS				6.3	STREE	T ADDRES	is I			

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90038 038 \*\*\*150.00