FILED Feb 22, 1999 8:00 am

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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

ANNU	JAL REPORT	Secretary	Secretary of State				
	1999 DIVISION OF CORPORATIONS				02-22-1999 90049 0	47 ***150.0	00
	MENT # 4447	28					
PRINGLE	ENTERPRISES, INC.						
Principal Place of Business Mailing Address				-		 	iesi nieu inni
6385 S MILITARY TRAIL 6385 S MILITARY TRAIL							
LAKE WORTH FL 33463-7299 LAKE WORTH FL 33463-7299 US US				DO NOT WRITE IN THIS SPACE			
00		00			3. Date Incorporated or Qualifed	····	
				_	01/24/1974		
2. Principal P	lace of Business #	2a. Mailing Address	4	- l	4. FEI Number		olied For
21 Suito Ant	prime de	26 <i>Dume d</i> Suite, Apt. #, etc.	r ·		59-1526460	\$8.75 A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Re	
City & State City & State				, -,	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the current year l		JNo
24 .	25 25 9. Name and Address of C		10		Personal Property Tax. 10. Name and Address of New Registerer	Y Yes	, 1 100
	9, Name and Address of C	arrent registered Agent	8	Name	Form Antitled you		-
PRIN	igle, edward J.		8:	Stroot Add	dress (P.O. Box Number is Not Acceptable)		
6385 SOUTH MILITARY TRAIL				Street Add	uress (F.O. Box Number is Not Acceptable)		
LAKI	E WORTH FL 33463		8:	3			
4				City		85 Zip C	ode
					F		rogistored
 office or r 	egistered agent, or both, in the :	State of Florida. Such change was aut	horized by	√tne corporai	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as reg	istered
_	m familiar with, and accept the	obligations of, Section 607.0505, Florid	da Statute	5 .			[
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOTE: F	Registered Ag	ent signature requi	ired when reinstating) DATE		
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P					Change	☐ Addition
NAME	1	PRINGLE, EDWARD J					
STREET ADDRESS	1000 11200 110		1	TREET ADDRESS ITY-ST-ZIP			
CITY-ST-ZIP TITLE	VP			51-21-		☐ Change	Addition
NAME	RINALDI, CAROL PRINGLE				•		į
STREET ADDRESS				T ADDRESS			{
CITY-ST-ZIP	DO 1111 OLI ODINI 1 2		2.4 CITY-	ST-ZIP		<u> </u>]
TITLE	ST	☐ DELETE 3.1 TI				☐ Change	☐ Addition }
NAME	THITOLE, THIE O		3.2 NAME				Į
STREET ADDRESS	TOO TESTINATE		3.3 STRE	ET ADDRESS			1
CITY-ST-ZIP TITLE			4.1 TITLE			Change	☐ Addition
NAME		·	4. 2 NAME				
STREET ADDRESS;			4.3 STRE	ET ADDRESS			1
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STRE 5.4 CITY-	ET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	:		•	
STREET ADDRESS			6.3 STRE	ET ADDRESS			1
	1		6.4 CITY-	ST_7/P			ŀ

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.

SIGNATURE: