

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

APPROVED AND FILED

CORPORATION
ANNUAL REPORT
1995 4-27-95



FLORIDA DEPARTMENT OF STATE
Andrea B. Mertham
Secretary of State
DIVISION OF CORPORATIONS

95 APR 27 PM 1:44

DOCUMENT # **613957** (0)
1. Corporation Name
PRINCE ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3738 D ROAD LOXAHATCHEE FL 33470
Mailing Address: 3738 D ROAD LOXAHATCHEE FL 33470

3. Date Incorporated or Qualified: 03/22/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1894823
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 S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
KIRCHHOFF, PAYSON G, JR
3738 D ROAD
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | S | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOLING, PATRICIA A. | 1.2 NAME | |
| STREET ADDRESS | 9396 COURTNEY CIRCLE | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | BOYNTON BEACH FL | 1.4 CITY, ST, ZIP | |
| TITLE | PD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRCHHOFF, PAYSON G, JR | 2.2 NAME | |
| STREET ADDRESS | 3738 D ROAD | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | LOXAHATCHEE, FL 00000 | 2.4 CITY, ST, ZIP | |
| TITLE | T | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRCHHOFF, EVELYN J. | 3.2 NAME | |
| STREET ADDRESS | 3738 D ROAD | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | LOXAHATCHEE FL | 3.4 CITY, ST, ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

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 110.07(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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Payson G. Kirchhoff Sr.* Payson G. Kirchhoff Sr. 4-20-95 407 793-7556
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Title Expiration Date