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May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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



Principal Place of Business 3738 D ROAD LOXAHATCHEE FL 33470  
Mailing Address 3738 D ROAD LOXAHATCHEE FL 33470-4845

3. Date Incorporated or Qualified 03/22/1979  
3a. Date of Last Report 05/01/1996  
4. FEI Number 59-1894823  
Applied For Not Applicable  
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  
2a. Mailing Address 26  
Suite, Apt. #, etc. 22  
27  
City & State 23  
28  
Zip 24 Country 25 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 607.1508, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE S [ ] DELETE  
NAME BOLING, PATRICIA A.  
STREET ADDRESS 5396 COURTNEY CIRCLE  
CITY-ST-ZIP BOYNTON BEACH FL  
TITLE PD [ ] DELETE  
NAME KIRCHHOFF, PAYSON G, JR  
STREET ADDRESS 3738 D ROAD  
CITY-ST-ZIP LOXAHATCHEE, FL 00000  
TITLE T [ ] DELETE  
NAME KIRCHHOFF, EVELYN J.  
STREET ADDRESS 3738 D ROAD  
CITY-ST-ZIP LOXAHATCHEE FL  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] 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: \_\_\_\_\_ 4/28/97 561 793-7556  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)