

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership	1a. DOCUMENT # A96000000508
PRINCE FAMILY LIMITED PARTNERSHIP	



97-AR
CM

Mailing Address 17031 BOCA CLUB BLVD., SUITE 83-B BOCA RATON FL 33487		Principal Office Address 17031 BOCA CLUB BLVD., SUITE 83-B BOCA RATON FL 33487		3. Date Formed or Registered 03/15/1996	5a. Capital Contributions as Shown on record \$990,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORIDA to date
Suite, Apt #, etc.		Suite, Apt #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number EIN-65-0653034	Applied For Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information) 576.25	

9. Name and Address of Current Registered Agent CORPORATE ACCESS, INC. 1116-D THOMASVILLE ROAD MOUNT VERNON SQUARE TALLAHASSEE FL 32303	10. If changed, new Registered Agent/Office Name 700001979967--8 Street Address (P.O. Box Number Is Not Accepted) 10/18/86--01042--016 Suite, Apt #, etc. ****576.25 ****576.25 City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) PRINCE, MIRIAM T TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17031 BOCA CLUB BLVD.	11b. City, State & Zip Code BOCA RATON FL 33487	11c. Registration/ Document Number
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Miriam T. Prince*
Typed or Printed Name of General Partner Signing Form MIRIAM PRINCE

DATE

9/17/96

Daytime Telephone Number (201) 467-3838

CR2E003 (6/96)