FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H28258** **(2)**

1 Corporation Name

PRINCETON REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
10289 NW 53RD ST SUNRISE FL 33351 US	10289 NW 53RD ST SUNRISE FL 33351 US

3 Date Incorporated or Qualified: **11/01/1984**

3a. Date of Last Report: **07/14/1995**

4 FEI Number: **59-2540342**

Applied For / Not Applicable

5 Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6 [illegible] ☐ **$5.00** May Be Added to Fee

8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9 Name and Address of Current Registered Agent

GRASS, GARY RICHARD
2600 SW 130TH TERRACE
DAVIE FL 33330

10 Name and Address of New Registered Agent

81 Name

82 (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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PST** **GRASS, GARY RICHARD** **2600 SW 130TH TERRACE** **DAVIE FL**	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VP** **GRASS, GARY RICHARD** **2600 SW 130TH TERRACE** **DAVIE FL**	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Add 500001810215 -05/07/96--01010--021 ***200.00
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Add
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Ft Dept ☐ Change ☐ Add VENDOR # ~~6007~~ INVOICE # _____ DATE REC'D 1/16/96 DATE PD. 2/8/96 CHK. # 8202
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Add
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Add
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Add 32 5.1

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 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: _____ 4/23/96 954-~~425-39~~ 741-5323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245722