

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06942 (1)**

1. Corporation Name

PRINCE MEDICAL, INC.



Principal Place of Business

Main Office

% MIKE PRINCE
1522 S.W. 112TH ST.
GAINESVILLE FL 32607

% MIKE PRINCE
1522 S.W. 112TH ST.
GAINESVILLE FL 32607

21	2. Principal Place of Business State, Apt. #, etc.	26	2a. Mailing Address State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**PRINCE, MIKE
1522 S.W. 112TH STREET
GAINESVILLE FL 32607**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.06(1) and 607.10(2), 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> DELETE
PSD	PRINCE, P. MICHAEL	
1522 SW 112TH ST.	GAINESVILLE FL	
VPTD	PRINCE, TAMMY J	<input type="checkbox"/> DELETE
1522 SW 112TH STREET	GAINESVILLE FL	
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1996		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1522 SW 112TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10400 S.W. 20TH ST.	GAINESVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(g), 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 this 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 of this report, or on an attachment with an address.

SIGNATURE: *Michael Prince* P. MICHAEL PRINCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

352-332-0376

CR2E034 (12/95)