| APPLICATION FOR Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | | FILED 97 MAR 11 AM 7:54 | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------|
| DOCUMENT # LIUSS! 1. Corporation Name PRINCE NANOR G.P. CORP. | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| If above a | ace of Business 7 CORPORATION OO S. PINE ANTATION, ddresses are Incorrect in any way. Ine | ESLAND Rd, FL 3332 | nter correction below. | | STATEMENT | - O110 - 9 |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | To Do Bus | porated or Qualified liness in Florida | 1989 |
| Olty & State | | City & State | City & State | | -3668007 | Applied For Not Applica |
| Zip | Country | Zip Co | untry | 6. CERTIFICA | | dditional Fee requ Certificate of Stati |
| 7. Names a | and Street Addresses of Each Officer a Name of Officers | nd/or Director (Florida nonprofit con | porations must list at le | | | |
| Title(s) | and/or Directors and/or Directors 3 (Do NOT Use Po | | | • | City / State / | Zip |
| P/T | CAGAN, JE | ffrey 385 | 56 Oak | ton, | SKOKie, I | L 600 |
| Dir | Ornstein, A | ALIAN 385 | to Oak | toin | Skokie, I | L 600 |
| 1 | | | | 6 | 000021126 -03/13/97010 ****915.00 * | |
| | 8. Name and Address of Currer | | Name | 9. Name and | Address of New Registered Agent | t |
| CT Corporation 1200 S. PINE ISLAND Rd PLANTATION, FL 33324 | | | Suite, Apt. #, Etc. | City State Zip Code | | |
| Signature of Registered A | Igent Swamma | BWAL registered agent must sign | BABARA SPECIAL ASSES | a biibac | ion 607.0505, F.S. ARYDate 3-39 (See other side for i | 7 |
| 12. I certify this reins owed by | pt. of Revenue under S that I am an officer or director or the rectatement application, the reason for dis the corporation have been paid and the optication is true and accurate, and my | eiver or trustee empowered to exect solution has been eliminated, the content of | atutes. Yes ute this application as p proporate name satisfies form do not qualify for a | the requirements an exemption un | on intangible apter 607 or 617, F.S. I further certify of section 607.0401 or 617.0401. F | y that when filing |
| SIGNAT | ups Mi | Teff | rea Pac | ΔΛ/ | 2/19/95 904 | (-Zo> o) |