FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

L60667

(7)

PRINCE INDUSTRIES, INC.

FILED							
Mar 20 1998 8:00am							
Secretary of State							

					I HANDAN BAR ANNI ARNA BUKA BUKA BUKA B		
Principal Place of Business Mailing Address						961 O1811 B1811 B1811 B1811 B1811 B1811 1881	
6520 6 W 131 8 T P.O. BOX 14-1156 COPAL GABLES FL 33114 11655 5 W 804 COVER COVER					DO NOT WRITE	IN THIS SPACE	
MIAMI FL 33157					3. Date Incorporated or Qualified 03/22/1990		
2, Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0191599	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			D. Commodio of charas busined	Fee Required	
City & Stat	.0	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	[28] Zip	Cour	ntrv	Trust Fund Contribution 8. This corporation owes or has pair	Added to Fees	
24	25	29	30		Personal Property Tax due June :	- · - ·	
	g, Name and Address of Current	Registered Agent			10. Name and Address of New Reg		
F	ORMAN, TERRY J.			81 Name			
4504 CW LEIGHNE DOAD					ress (P.O. Box Number is Not Acceptable	le)	
CORAL GABLES FL 33134							
			ľ	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	·	10.10 01, 0001011 007.0000, 1	TOTION CICK				
SIGNATURE	Signature, typed or printed name of registered agor		O1E: Registered	Agent signature requ		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	AS FORMAN TERROY I	☐ DELETE	1.1 THT			Change Addition	
NAME	FORMAN, TERRY J. 1521 S.W. LEJEUNE ROAD		1.2 NA!				
STREET ADDRESS	CORAL GABLES FL 33134		1	EET ADDRESS			
CITY-ST-ZIP TITLE	PST	DELETE	2.1 TITI	r-ST-ZIP		Change Addition	
NAME	PATTERSON SLISAN .		A 22 NA			C orange C Madition	
STREET ADDRESS	6320 OW 1016T-STREET-	7655 SW8DU	(7	EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 32156_ 23/	ケフ	1	Y-S1-ZIP		ļ	
TITLE	DV	DELETE	3.1 TITL			☐ Change ☐ Addition	
NAME	PATTERSON, SUSAN	Δα	3.2 NAM	AE			
STREET ADDRESS	*C529 CW 1913T STREET \$	have by Ligh	3.3 STR	eet address			
CITY-ST-ZIP	MIAMI-FL 00156		3.4. CIT	Y-ST-ZIP			
TITLE		[] DELETE	4.1 TITL	ŧ		☐ Change ☐ Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP		- Driese		r-ST-ZIP			
TITLE		L_ DELETE	5.1 TITL	- 1		☐ Change ☐ Addition	
NAME			5.2 NAM			•	
STREET ADDRESS		·		EET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	6.1 TITL	r-ST-ZIP		Change Addition	
NAME			6.2 NAM			En Autolio El Mallion	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP	- 1944 1944		
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify	for the exer	notion stated in	Section 119.07(3)(i), Florida Statutes. I fu	irther 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 truefee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.							