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PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L62081

# L02081

(9)

## FILED May 15 1998 8:00am Secretary of State

| Principal Place of Business 4375 Ne MONAN RIVER DR BRISH SEACH FL 34957  B. Dele Incorporated or Qualified 04/03/1990  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 04/03/1990  4. EEI Number 65-01969 12   Not Applied For Solide, Apt. #, etc. 22. Solide, Apt. #, etc. 23. Solide, Apt. #, etc. 24. Solide, Apt. #, etc. 25. Solide, Apt. #, etc. 26. Solide, Apt. #, etc. 27. Solide, Apt. #, etc. 28. Solide, Apt. #, etc. 29. Solide, Apt. #, etc. 20. Solide, Apt. #, etc. 21. Solide, Apt. #, etc. 22. Solide, Apt. #, etc. 23. Solide, Apt. #, etc. 24. Solide, Apt. #, etc. 25. Solide, Apt. #, etc. 26. Solide, Apt. #, etc. 27. Solide, Apt. | PRINCES          | S\$ MANOR, INC.                                 |                                   |   |   |                                      |
|--|------------------|---|-----------------------------------|---|---|--------------------------------------|
| Style   No.   No   |                  |   |                                   |   | 2 10 011 010 310 01110 11012 00101 10101 1101 01011 | ILDII ATAM ATAM ATAM ATAM            |
| Style   Place of Business   Mailing Address   88 TUTILL RO   MONTAUK NY 11894   DO NOT WRITE IN THIS SPACE   |                  |   |                                   |   |   |                                      |
| LBNSEN BEACH R. 3957   MONTAUK NY 11894   DO NOT WRITE IN THIS SPACE   | Principal Place  | of Business                                     | Mailing Address                   |   |   | ILBUT OTOTT ETAIL OLDS OF OTOTT TOOL |
| DO NOT WRITE IN THIS SPACE  3. Deter incorporated or Qualified 04/03/1990  2. Principal Place of Business 2. Mailing Address 3. Deter incorporated or Qualified 04/03/1990  4. FEI Number 65-0196912  Suite, Api #, etc. 2. Suite, Api #, etc. 2. Suite, Api #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 2. Determine the provisions of Country 2. Determine the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered of the corporation of the provisions of Sections 607 0503, and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered of the corporation of the provisions of Sections 607 0503, and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered of the corporation submits this statement for the purpose of changing is registered of the corporation submits this statement for the purpose of changing is registered of the corporation submits this statement for the purpose of changing is registered of the corporation submits this statement for the purpose of changing is registered of the corporation submits this statement for the purpose of changing is registered of the corporation's board of directors. In decide the appointment as registered of the corporation's board of directors. In decide Subtract the purpose of changing is registered of the corporation's board of directors. In decide Subtract the submits this statement for the purpose of changing is registered of the purpose of changing is registered of the corporation's board of directors. In decide Subtract the submits this statement for the purpose of changing is registered of the corporation's board of directors. In decide Subtract the submits this statement for the purpose of changing is registered of the corporation's board of directors. In decide Subtract the submits the submits the submits the su |                  |   | 88 TUTHILL RD                     |   |   |                                      |
| 3. Dete Incorporated or Qualified Q4/Q3/P99  2. Principal Place of Business  |                  | 1 FL 34957                                      | MONTAUK NY 11954                  |   | DO NOT MIDITE IN T                                  | 116 PD 4 OF                          |
| 2. Principal Place of Business 2. Amalling Address 2. Principal Place of Business 2. Amalling Address 3. Applied For 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Ell Missing Francing 4. Suite, Apt. #, etc. 4. Ell Missing Francing 4. Suite, Apt. #, etc. 4. Ell Missing Francing 4. Suite, Apt. #, | US               |   |                                   |   |   | IIS SPACE                            |
| 2. Principal Place of Business   2. Applied For   Not Applied Fo   |                  |   |                                   |   |   |                                      |
| 21   | 2. Principal Pla | ice of Business                                 | 2a. Mailing Address               |   |   | Applied For                          |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Fee Required   | 21 X041 E        | 11th Street                                     | <del>-</del>                      |   |   | <del> </del>                         |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Replacement   Replaceme | Suite, Apt. #    |   |                                   |   |   |                                      |
| Trust Fund Contribution  | 22 -             |   |                                   |   | b. Certificate of Status Desired                    | Fee Required                         |
| Zip   Country   Zip   Country   Zip   Country   State   Country   Countr   |                  | · = -:1   |                                   |   |   | \$5.00 May Be                        |
| 24 34996 25 USA 29 30 Personal Property Tax due June 30.    Yes   Moo  |                  |   |                                   | 0                                       | <del></del>   |                                      |
| ADDEO, WILLIAM H 4575 NE INDIAN RIVER DR JENSEN BEACH FL 34957  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 agent, and accept the appointment as registered agent, and accept the obligations of, Section 607,0505, 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 Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature tyred or provide outer depretated and take diarpocable (NOTE, Registered Agent signature required when releasating)  DATE  12. OF LICERS AND OTHE CTORS IN 12  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  ADDEO, WILLIAM H.  4575 NE INDIAN RIVER DR  JENSEN BEACH FL  1.3 STREET ADDRESS  SIRRET AD |                  |   | — ¬                               | ¬ '                                     |   |                                      |
| ADDEO, WILLIAM H 4575 NE INDIAN RIVER DR JENSEN BEACH FL 34957  82 Street Address (P.O. Box Number is Not Acceptable)  (A.H. E. I.H. Street  83  | ا ا احد احد      |   |                                   | <u>'l</u>                               |   |                                      |
| ### Street Address (P.O. Box Number is Not Acceptable) ### Street  | ADD              |   |                                   | B1 Name                                 | The same and same at the trade of the same of       |                                      |
| JENSEN BEACH FL 34957    84  |                  |   |                                   | 20 0                                    | (0.0.0  |                                      |
| ### ADDEO, WILLIAM H.  |                  | *** ****  |                                   |   |   |                                      |
| 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 Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typical or purpose inserted agent and table if applicable:  OF FICERS AND DIRECTORS:  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDEO, WILLIAM H.  12 NAME  STREET ADDRESS  CITY-ST-2IP  JENSEN BEACH FL  DELETE  14 CITY-ST-2IP  DELETE  14 CITY-ST-2IP  TITLE  DELETE  21 TITLE  Change  Addition  Addition  DELETE  31 TITLE  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE  31 TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  |                  |   |                                   |   |   |                                      |
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| 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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATUR |                  |   |                                   | 1 | - <del>4</del> F                                    | L 3499                               |
| SIGNATURE   Signature. tyrado or protect have of legistered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)   DATE  | 11. Pursuant to  | the provisions of Sections 607.0502             | and 607.1508, Florida Statutes,   | the above-named corpo                   | oration submits this statement for the purpos       | e of changing its registered         |
| Signature, typical or privided name of registered agreet and stille if applicable (NOTE. Registered Agreet adjunt signature required when reinstating)   DATE.   | agent. I am      | n <b>fam</b> iliar with, and accept the obligat | ions of, Section 607,0505, Florid | fa Statutes.                            | on's board or directors. I hereby accept the        | appointment as registered            |
| 12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ADDEO, WILLIAM H.  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LITTLE  LIT |                  |   |                                   |   |   |                                      |
| TITLE D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP 1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 1.1 TITLE 1.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP 1.1 TITLE 1.1 DELETE 2.1 TITLE 2.3 STREET ADDRESS CITY-ST-ZIP 1.1 TITLE 1.2 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.1 DELETE 2.1 TITLE 1.1 DELETE 2.1 TITLE 1.1 TITLE 1.1 DELETE 3.1 TITLE 1.1 TITL |                  |   |                                   |   |   |                                      |
| NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C |                  | D OFFICERS AND                                  |                                   | · · · · · · · · · · · · · · · · · · ·   | ADDITIONS/CHANGES TO OFFICERS /                     |                                      |
| STREET ADDRESS CITY-ST-ZIP JENSEN BEACH FL  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 STREET ADDRESS 1.5 NC.FT+  1.6 THE  1.6 STREET ADDRESS 1.7 STREET ADDRESS 1.8 STREE | 1                | ADDEO, WILLIAM H.                               |                                   | <u> </u>                                |   | C Change C Hastron                   |
| TITLE         DELETE         21 TITLE         Change         Addition           NAME         22 NAME         STREET ADDRESS         23 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         Addition  | i .              | 4575 NE INDIAN RIVER DR                         |                                   |   | HE 11th Stocat                                      |                                      |
| TITLE         DELETE         21 TITLE         Change         Addition           NAME         22 NAME         STREET ADDRESS         23 STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         Addition  | CITY-ST-ZIP      | <b>JE</b> NSEN BEACH FL                         |                                   | 1.4 CITY-ST-ZIP                         | Just Florida 34996                                  |                                      |
| STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP  | TITLE            |   | ☐ DELETE                          |   |   | Change Addition                      |
| CITY-\$T-ZIP         2.4 CITY-\$T-ZIP           TITLE  | NAME             |   |                                   | 2.2 NAME                                |   |                                      |
| TITLE  | STREET ADDRESS   |   |                                   | 2.3 STREET ADDRESS                      |   |                                      |
| NAME 3.2 NAME  |                  |   |                                   |   |   |                                      |
|  |                  |   | L_J DELETE                        |   |   | ☐ Change ☐ Addition                  |
| 3.3 STREET ADDRESS   |                  |   |                                   |   |   |                                      |
| OUTV AT THE  |                  |   |                                   |   |   |                                      |
| CITY-ST-ZIP         3.4.CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         ☐ Change         ☐ Addition   |                  |   | DELETE                            |   |   | Channe Addition                      |
| NAME 4.2 NAME  | . 1              |   |                                   |   |   |                                      |
| STREET ADDRESS 4.3 STREET ADDRESS  | l l              |   |                                   | 1                                       |   |                                      |
| CITY-ST-ZIP 4.4 CITY-ST-ZIP  | E .              |   |                                   | ļ.                                      |   |                                      |
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| NAME 52 NAME   | NAME             |   |                                   | 52 NAME                                 |   |                                      |
| STREET ADDRESS 5.3 STREET ADDRESS  | STREET ADDRESS   |   |                                   | 5.3 STREET ADDRESS                      |   |                                      |
| CITY-ST-ZIP 54 CITY-ST-ZIP   | CITY-ST-ZIP      |   |                                   | 54 CITY-ST-ZIP                          |   |                                      |
| TITLE DELETE 61 TITLE Change Addition  |                  |   | ☐ DELETE                          |   |   | Change Addition                      |
| NAME 62 NAME   |                  |   |                                   |   |   |                                      |
| STREET ADDRESS 6.3 STREET ADDRESS  | STREET ADDRESS   |   |                                   | 6.3 STREET ADDRESS                      |   | į.                                   |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information  |                  |   |                                   | l                                       |   | 1                                    |

4. I hereby certify that the information supplied with this filing 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 our an attachment with an address.

CIONATURE.

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Villian 11 AM 4/28/98

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