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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005883 (2)

1. Corporation Name

PRINCETON HOUSE, INC.



Principal Place of Business

Mailing Address

630 WEST PRINCETON ST
ORLANDO FL 32804
US

1424 LEEWAY AVENUE
ORLANDO FL 32810-4521

3. Date Incorporated or Qualified
12/14/1995

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, CAROL B
1424 LEEWAY AVENUE
ORLANDO FL 32810

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TUCKER, CAROL B
STREET ADDRESS 1424 LEEWAY AVENUE
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE SD
1.2 NAME Martha Sawyer
1.3 STREET ADDRESS c/o 630 W. Princeton St
1.4 CITY-ST-ZIP Orlando, FL 32804

TITLE VD
NAME COX, BEVERLY
STREET ADDRESS 9201 MCDAVID COURT
CITY-ST-ZIP WINDERMERE FL 34786

2.1 TITLE D
2.2 NAME Tom Sawyer
2.3 STREET ADDRESS c/o 630 W. Princeton St
2.4 CITY-ST-ZIP Orlando, FL 32804

TITLE TD
NAME QUEST, CLAUDIA
STREET ADDRESS 7625 MEADOWGLEN DRIVE
CITY-ST-ZIP ORLANDO FL 32810

3.1 TITLE D
3.2 NAME Dr Jenny Guyton
3.3 STREET ADDRESS c/o 630 W. Princeton St
3.4 CITY-ST-ZIP Orlando, FL 32804

TITLE SD
NAME PODVIN, JUDEE S
STREET ADDRESS 6608 ANDREA ROSE DRIVE
CITY-ST-ZIP ORLANDO FL 32835

4.1 TITLE D
4.2 NAME Dr Karen Cloninger
4.3 STREET ADDRESS c/o 630 W. Princeton St
4.4 CITY-ST-ZIP Orlando, FL 32804

TITLE SD
NAME Martha Sawyer
STREET ADDRESS c/o 630 W. Princeton St.
CITY-ST-ZIP Orlando, FL 32804

5.1 TITLE D
5.2 NAME Hugo de Beaubien
5.3 STREET ADDRESS c/o 630 W. Princeton St
5.4 CITY-ST-ZIP Orlando, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)