


FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90038 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006622

1. Corporation Name

PRINCETON BOUND, INC.

Principal Place of Business

5928 S.W. 68TH STREET
SOUTH MIAMI FL 33143

Mailing Address

5928 S.W. 68TH STREET
SOUTH MIAMI FL 33143

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	65-0877010	Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
25		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**STARKE, LENARDO D
3340 McDONALD STREET
SUITE A
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUP, WORRELL C	1.2 NAME	
STREET ADDRESS	5928 S.W. 68TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUP, MARILYN	2.2 NAME	
STREET ADDRESS	5928 S.W. 68TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKENS, BOBBIE	3.2 NAME	
STREET ADDRESS	5928 S.W. 68TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (305) 666-5575
 Date Daytime Phone #

CR2037-11081