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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P93000003313 (2)

1. Corporation Name

M.R. PRINCE, C.P.A. PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
7237 E. TROPICAL WAY PLANTATION FL 33317 US	P.O. BOX 650 MARS HILL NC 28754 US

3. Date Incorporated or Qualified **01/11/1993**	**3a.** Date of Last Report **04/21/1995**	

2. Principal Place of Business,
- 21 Suite 201, c/o Sweeney Co.
- 22 2600 E. Commercial Blvd
- 23 Ft. Lauderdale, FL
- 24 Zip 33308   25 Country US

2a. Mailing Address
- 26
- 27 Suite, Apt. #, etc.
- 28 City & State
- 29 Zip   30 Country

4. FEI Number
59-3161378   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRINCE, M R
7237 E. TROPICAL WAY
PLANTATION FL 33317

10. Name and Address of New Registered Agent

- 81 Name M. R. PRINCE
- 82 Street Address (P.O. Box Number is Not Acceptable) Suite 201; c/o Sweeney & Co.
- 83 2600 E. Commercial Blvd
- 84 City Ft. Lauderdale   FL   85 Zip Code 33308

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 _[signature]_ M. R. PRINCE   (NOTE: Registered Agent signature required when reinstating)   DATE 1/16/96

12. OFFICERS AND DIRECTORS	**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **PD** ☒ DELETE NAME **PRINCE, M R** STREET ADDRESS **RT. 3 BOX 116A PUNCHEON HILL RD.** CITY-ST-ZIP **MARS HILL NC 28754**	1.1 TITLE PRES; Director ☒ Change ☐ Addition 1.2 NAME M. Randolph Prince 1.3 STREET ADDRESS P.O. Box 650; Rt. 3, Puncheon Fork Rd. 1.4 CITY-ST-ZIP Mars Hill, NC 28754-0650
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: _[signature]_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/17/96   Daytime Phone # 704-689-3202