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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000015165**1. Corporation Name

PRINCE I DEAL TRANSMISSION, CORP.

Principal Plac	Mailing Address						
13680 NW 19 S	13680 NW 19 SE	Ē					
BAY #6 BAY #6 ORANI OCKA EL 22054						DO NOT WRITE IN THIS SPACE	
OPALOKA FL 33054 OPAPLOCKA FL 33054						3. Date Incorporated or Qualifed	
03						02/24/1994	
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0470334 Not Applied	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required	31
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country				8. This corporation owes the current year Intangible	.
24	25	29	30			Personal Property Tax. Yes No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
DDIA	IOE ELLIOTT ID	ř - 1	1	B1 1	Name	44	ł
	ICE, ELLIOTT JR. 30 NW 19 SE.		8	B2 :	Street Addres	ss (P.O. Box Number is Not Acceptable)	,,
BAY			1	83			100
Mial	MI FL 33054		1	84 (City	85 Zip Code	72
l office or r	to the provisions of Sections out. registered agent, or both, in the State in familiar with, and accept the oblig strature, typed or printed name of registered agreements.	at Florida, Such change was aut	norized i da Statut	by thi	ie corporation	ration submits this statement for the purpose of changing its registerer's board of directors. I hereby accept the appointment as registered	
12.		ND DIRECTORS	13.	igent a	ignature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	PD	□ DELETE	1,1 TITL	 E	-	. Change	
NAME	PRINCE, ELLIOTT JR.		1.2 NAM		Ì		
STREET ADORESS	ATAC MINE COTH TERRACE				DDRESS	•	
	MIAMI FL 33147		1,4 CITY			,	
CITY-ST-ZIP TITLE	WINWII L SS 147	☐ DELETE	2.1 TITL		<u> </u>	☐ Change ☐ Ad	idition
NAME		_	2.2 NAM				ļ
j					DDRESS		ĺ
STREET ADDRESS			2.4 CIT				
TITLE		☐ DELETE	3.1 TITL		<u> </u>	☐ Change ☐ Ad	dition
NAME			3.2 NAM			-	ļ
STREET ADDRESS					DDRESS	in the state of	ا ،پي
CITY-ST-ZIP			3.4. CIT			· · · · · · · · · · · · · · · · · · ·	
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STREET ADDRESS					DORESS		
CITY-ST-ZIP			4.4 CITY			,	
TITLE		DELETE	5.1 TITL			☐ Change ☐ Ad	dition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STR	EET AL	DORESS	•	
CITY-ST-ZIP			5.4 CITY	Y-ST-Z	ZIP	and the second s	
TITLE		☐ DELETE	6.1 TITL			☐ Change ☐ Ad	dition
NAME			6.2 NAM	Æ		·	
CTDEET ADODESC		•	6.3 STR	EETAL	DDRESS		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90062 037 ***150.00