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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000078404 (8)

J. PRINCE, INC.

Principal Place of Business Mailing Address  2901 CLINT MOORE RD  SUITE 332  BOCA RATON FL 33496  Mailing Address  2901 CLINT MOORE RD  SUITE 332  BOCA RATON FL 33496-20			<del></del>					
				<ol> <li>Date Incorporated or Qualified 10/24/1994</li> </ol>		e of Last Re <b>9/1996</b>	sport	
2. Principal Pt	ace of Business	2a. Mailing Address 26		<u> </u>	4, FEI Number 65-0528841			plied For t Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	?	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Zip <b>24</b>	Country 25	Zip 29 3	Coun 30	try		Yes 🔲	No	199.032,
	<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent			10. Name and Address of New Rec	istered A	jent	
SHA	.W, JARED		Į.	Name				
2901 CLINT MOORE RD SUITE 332			ļ	32 Street Ad	dress (P.O. Box Number is Not Acceptable	le)		
	A RATON FL 33496		1	33				
			1	34 City	4	FL	B5 Zip C	Code
office or ri	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was at	uthorized	by the corpor	propration submits this statement for the pration's board of directors. I hereby accep	urpose of o t the appo	hanging its intment as	s registered registered
SIGNATURE	Stgnature, typed or printed name of registered	argon and their applicable (NOTE	Registered	Anant skinati se ser	guired when reinstating)	DATE		
12.		AND DIRECTORS	13.	Adeur sid. erose i se	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	D	DELETE	1.1 TITU	.E			Change	Addition
NAME	SHAW, JARED		1.2 NA	AE				
STREET ADDRESS		UITE 332	1.3 STR	EET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CIT	/-ST-ZIP				<del></del>
TILE		DELETE	2.1 TITL	.E		. [	Change	Addition
NAME			2.2 NA	AE {		•		
STREET ADDRESS			2.3 STF	EET ADDRESS	· ·	\$ 3.5		
CITY - ST - ZIP		☐ DELETE		Y-ST-ZIP			Change	Addition
TITLE		i ntrtit	3.1 TITI 3.2 NAI			L	mi Vitariye	LI NOUIIIVII
NAME STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-\$1-ZIP	•			
TITLE		DELETE	4.1 Titl			[	Change	Addition
NAME			4, 2 NA	ME				
STREET ADDRESS			4.3 STF	EET ADDRESS				
CITY - ST - ZIP			4.4 CIT	Y-ST-ZIP				
TITLE	******	☐ DELETE	5.1 TIT	-E		[	Change	Addition
NAME			5.2 NA	ME )				ļ
STREET ADDRESS				REET ADORESS				
CITY-ST-ZIP		T DELETE		Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 TIT			٠ ١	Change	Addition
NAME CTOLL LADORECE			6.2 NA	ME				

64 CITY-ST-ZIP

14. If 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 Chapte 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charted, or on an attachment with an address.

SIGNATURE:

GNATURE AND TIPED OF PRINTED WATE OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #

**FILED** 

Mar 05 1997 8:00am

Secretary of State