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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000078404 (8) **DOCUMENT #**

J. PRINCE, INC.

Principal Place of Business 2901 CLINT MOORE RD

**BOCA RATON FL 33496** 

Suite, Apt. #, etc

SIGNATURE:

City & State

2. Principal Place of Business

**SUITE 332** 

21

22

23

 Mailing Address
2901 CLINT MOORE RD

SUITE 332

Suite, Apt. #, etc.

**BOCA RATON FL 33496** 

2a. Mailing Address

City & State

## **FILED** Apr 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified 10/24/1994

65-0528841

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24	25		29	:	30				Personal Properly Ta	ix due June 30.	Yes		No
	9. Name and A	ddress of Cu	rrent Registered					10. Name and Address	of New Registered	Agent			
SH	AW, JARED					81	Na	me					
290	01 CLINT MOORE	e RD			h	82	Str	eet Addr	ess (P.O. Box Number is No	ot Acceptable)			
SU	ITE 332						0.,	GOL FIGUR	oso (i .e. box indilibel la in	ос леооріавіс,			
ВО	CA RATON FL 3	3496			[7	83					-		
					ļ.	B4					Tot	Zip Cı	-do
					- [	-	Cit	y		FL	85	zip Ci	JUE
office or r	to the provisions of egistered agent, or m familiar with, and	both, in the S	tate of Florida. Suc	th change was at	ıthorized	by '	the	ned corp corporati	oration submits this statement on's board of directors. I he	ent for the purpose of ereby accept the app	changii ointmen	ng its it as re	registered egistered
SIGNATURE	Signature, typed or printe	d more of tensister	d agent and title if applica	thin (NOTE:	Registered	Agen	nl sign	ahire require	ed when reinstating)	DATE			
12.	The state of the s		AND DIRECTORS		13.	r gon		and to do	ADDITIONS/CHANGE		DIREC	TORS	IN 12
TeTLE	D			DELETE	1.1 717	LE					Char		Addition
NAME	Shaw, Jarei	D			1.2 NAN	VΕ							
STREET ADDRESS	2901 CLINT N		SUITE 332		1.3 STR	REETA	ADDRE	ESS					
CITY-ST-ZIP	BOCA RATON	I FL 33496			1.4 CIT	Y - \$1	- ZIP						
THTLE				DELETE	2 1 TITL	.E					Char	nge	Addition
NAME					22 NAN	ME							
STREET ADDRESS					2.3 STR	REET A	ADDAI	ESS					
CITY - ST - ZIP					2. 4 DIT	IY-SI	1 - ZIP					7 134	
TITLE				DELETE	3.1 TITL	LE					☐ Char	nge	Addition
NAME					3.2 NAN	ME							
STREET ADDRESS					3.3 STR	REET A	\DDR(	ESS					
CITY-ST-ZIP					3.4. CIT		I - ZIP						
THILE				DELETE	4.1 7111			\ \			☐ Char	nge	Addition
NAME					4. 2 NA								
STREET ADDRESS					4.3 STR			ESS					
CITY-ST-ZIP				DELETE	4.4 CITY 5 1 TITL		- ZIP	-			Char		Addition
THILE				DECENT							L Cila	ıye	Addition
NAME					5.2 NAN		4000						
STREET ADORESS					5.3 STR			:55					
CITY-ST-ZIP TITLE				DELETE	5.4 CIT		- ZIP				Char	npe	Addition
NAME				December 1	6.2 NAM	-					U.IO	-90	
STREET ADDRESS					6.3 STR		ADDRI	22					
City-St-Zip					6.4 CITY								
14. I hereby o	certify that the infor	mation supplie	d with this filing do	pes not qualify for	the exer	mpti	ion s	stated in	Section 119.07(3)(i), Florida	Statutes. I further ce	rtify tha	t the ii	formation
indicatéd officer or Block 12	on this annual repo director of the corp or Block 13 if chan	ort or supplied noration of the ged. of on an	ental annual repor receiver or trustee attachment with ar	l is true and accu empoweled to e address.	rate and xecute th	ithai nis re	t my epoi	/ signatur rt as requ	re shall have the same lega lired by Chapter 607, Florid		der oath ny name		I

Country