


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000052395 (6)

1. Corporation Name
PRINE SCIENTIFIC, INC.

Principal Place of Business

3031 N OCEAN BLVD. #304
FT LAUDERDALE FL 33308

Mailing Address

3031 N OCEAN BLVD. #304
FT LAUDERDALE FL 33308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 2517 N.E. 21 Street	26 2517 NE 21 Street	3. Date Incorporated or Qualified 06/19/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0675685	
22 City & State FL Lauderdale, FL	27 City & State FL Lauderdale, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 33305	28 Zip 33305	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country USA	29 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PRINE, CLAUDIA M
3031 N OCEAN BLVD. #304
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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, 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	PS	1.1 TITLE	PS
NAME	PRINE, CLAUDIA	1.2 NAME	Prine, CLAUDIA
STREET ADDRESS	3031 N OCEAN BLVD #304	1.3 STREET ADDRESS	2517 NE 21 Street
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	FT. Lauderdale, FL
TITLE	VPT	2.1 TITLE	VPT - CEO
NAME	PRINE, KEVIN YORK	2.2 NAME	Prine, Kevin York
STREET ADDRESS	3031 N OCEAN BLVD #304	2.3 STREET ADDRESS	2517 NE 21 Street
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	FT. Lauderdale, FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

CLAUDIA M. PRINE

4-24-98

(954) 566-8008

CR2E034 (10/97)