

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

FILED

**Feb 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057829 (9)
 1. Corporation Name
M. PRINCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2506 BRADLEY DR KISSIMMEE FL 34746	Mailing Address 2506 BRADLEY DR KISSIMMEE FL 34746
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3. Date Incorporated or Qualified 06/20/1986	4. FEI Number 59-3391368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 5013 Cookie Lane Suite, Apt. #, etc. 22	2a. Mailing Address 26 5013 Cookie Lane Suite, Apt. #, etc. 27
City & State 23 Kissimmee, FL	City & State 28 Kissimmee FL
Zip 24 34746	Country 25 USA
Zip 29 34746	Country 30 USA

9. Name and Address of Current Registered Agent
**PRINCE, CATHLEEN
2506 BRADLEY DR
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name Prince, Cathleen
82 Street Address (P.O. Box Number is Not Acceptable)
83 5013 Cookie Lane
84 City Kissimmee FL 85 Zip Code 34746

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 *Cathleen E. Prince* **CATHLEEN E. PRINCE STV** **2-20-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PRINCE, MICHAEL	
STREET ADDRESS	2506 BRADLEY DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	STVP	<input type="checkbox"/> DELETE
NAME	PRINCE, CATHLEEN	
STREET ADDRESS	2506 BRADLEY DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5013 Cookie Lane
1.4 CITY-ST-ZIP	Kissimmee, FL 34746
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5013 Cookie Lane
2.4 CITY-ST-ZIP	Kissimmee FL, 34746
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, unchanged, or on an attachment with an address.

SIGNATURE: *Cathleen E. Prince* **CATHLEEN E. PRINCE STV** **2/20/98 (407) 39779212**

CR2E034 (10/97)