

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
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DOCUMENT # **P97000061298 (0)**

1. Corporation Name
IRON PRINCE, INC.



Principal Place of Business 18 NORTH PLAN CIRCLE BELLEAIR FL 33756	Mailing Address 18 NORTH PLAN CIRCLE BELLEAIR FL 33756
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18 NORTH PINE CIRCLE Suite, Apt. #, etc.		2a. Mailing Address 26 18 NORTH PINE CIRCLE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/14/1997	
22 BELLEAIR, FL City & State		27 BELLEAIR, FL City & State		4. FEI Number 59-3462982	
23 33756 Zip		28 PINELLAS Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33756 Zip		29 PINELLAS Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent MARIANI, GEORGE E JR 18 NORTH PLAN CIRCLE BELLEAIR FL 33756				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	

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 18 NORTH PINE CIRCLE 83 84 City BELLEAIR FL 85 Zip Code 33756	
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, GEORGE E III	1.2 NAME	
STREET ADDRESS	18 NORTH PLAN CIRCLE	1.3 STREET ADDRESS	18 NORTH PINE CIRCLE
CITY-ST-ZIP	BELLEAIR FL 33756	1.4 CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANI, GEORGE E JR	2.2 NAME	
STREET ADDRESS	18 NORTH PLAN CIRCLE	2.3 STREET ADDRESS	18 NORTH PINE CIRCLE
CITY-ST-ZIP	BELLEAIR FL 33756	2.4 CITY-ST-ZIP	BELLEAIR, FL 33756
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an attachment with an address.

SIGNATURE

[Signature] **ST: A. MARIANI JR** 4/23/98 813-673-3941

CR2E034 (10/97)