


**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90170 021 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS																									
<b>DOCUMENT # P98000082445</b>																													
1. Corporation Name <b>PRINCESS PROPERTIES MANAGEMENT, INC.</b>																													
Principal Place of Business 4888 DAVIS BLVD STE 156 NAPLES FL 34104			Mailing Address 4888 DAVIS BLVD STE 156 NAPLES FL 34104																										
DO NOT WRITE IN THIS SPACE																													
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24.						2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29.						3. Date Incorporated or Qualified <b>09/21/1998</b>						4. FEI Number <b>593537382</b>						Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required						6. Election Campaign Financing <input type="checkbox"/>						\$5.00 May Be Added to Fees											
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No																													
9. Name and Address of Current Registered Agent <b>HINES, ROBERT G</b> <b>4532 TAMiami TRAIL EAST STE 402</b> <b>NAPLES FL 34112</b>												10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
12. OFFICERS AND DIRECTORS												13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																	
TITLE <input type="checkbox"/> DELETE NAME <b>D MORKUNAS, SHERRIE</b> STREET ADDRESS <b>4888 DAVIS BLVD STE 156</b> CITY-ST-ZIP <b>NAPLES FL 34104</b>												11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12. NAME 13. STREET ADDRESS 14. CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32. NAME 33. STREET ADDRESS 34. CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52. NAME 53. STREET ADDRESS 54. CITY-ST-ZIP																	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP												61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62. NAME 63. STREET ADDRESS 64. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

941 775-6500

Daytime Phone #

CR2E034 (1/98)