

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

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AND  
FILED

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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997 AUG 20 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F80450**

**(2)**

1. Corporation Name  
**PRINCIPIA ENTERPRISES, INC.**



Principal Place of Business: P.O. BOX 23951 TAMPA FL 33623-3951  
Mailing Address: P.O. BOX 23951 TAMPA FL 33623-3951

3. Date Incorporated or Qualified <b>05/03/1982</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2184500</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent <b>KESZTHELY, STANLEY 12750 U.S. HWY 19 SO. CLEARWATER FL 33623</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
			85 Zip Code <b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWNEY, J</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 23951 (N/A) *</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOWNEY, J</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 23951 (N/A) *</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
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	

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**-08/21/97--01114--014**  
**\*\*\*\*165.00 \*\*\*\*165.00**

*J. Downey*  
8/20/97

14. I do 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, on an attachment with an address.

*J. Downey* **J. Downey, PRES.**

CR2E034 (9/96)

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DIVISION OF CORPORATIONS  
Annual Reports Section  
PO BOX 1500  
Tallahassee, Fl 32302-1500

Attn.: Mrs. Amy Alan

Dear Mrs. Alan:

I am writting to you per your request to waive of \$385.00 late fee to file after May 1. It has resulted to dead of executive officer of corporation and president, funeral and appoint new officer Dr. Downey Jan. We have not been awared ti file by May 1, but I still tried to notified Division of Corporations by American Embassy from Germany and Poland.

I greatly appreciated if you would please reconsider these facts and depressed circumstances.

Sincerely,



S. Keszthely  
PRINCIPIA ENTER INTL INC.

