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PROFIT **CORPORATION** ANNUAL REPORT 1998 **DOCUMENT #**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9300001509 (9)

FILED May 11 1998 8:00am Secretary of State

Principat Plac	HI), INC.	Mailing	g Address									
201 MERCHANT SUITE 1830 HONOLULU HI 96813 US		SUITE	201 MERCHANT STREET SUITE 1650 HONOLULU HI 96813 US					SO NOT INDIT	E IN TUIC (DACE.		
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified						
V V		00				•	03/19/1993	u or Qualineu				
. Principal P	Place of Business	2a. Ma	iling Address				. FEI Number				Applied	For
]		26				ļ	99-024516	6			Not Appl	
Suite, Apt.	#. etc	Suil 27	te, Apt. #, etc.			5	. Certificate of Sta				5 Additio Regulred	
City & Stat	е		y & State				3. Election Campaig	n Financing	···	\$5.0	DO May E	3e
<u>l</u>		28					Trust Fund Contr				ed to Fee	
Zip	Country	Zip		Countr	У		. This corporation	owes or has p	aid the cur	rent year		0
<u>L</u>	25	29		30			Personal Propert			Yes	₩ No	
	g, Name and Address of Curre	ent Registere	d Agent	81	1 Nome	10), Name and Addr	ess of New R	egistered /	Agent		
	T CORPORATION SYSTEM			*'	Name							
	00 SOUTH PINE ISLAND ROAD	•			2 Street	Address	ess (P.O. Box Number is Not Acceptable)					
n	ANTATION FL 33324			8:	2	_						
				"	1							
				84	City				FL	B5 Z	ip Code	
	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obli	te of Florida S galions of, Se	Such change was ction 607.0505, F	nes, the abor authorized t forida Statute	ve-named by the corp es.	corporati poration's	board of directors.	Thereby acce	opt the app	oin tme nt	as registe	ered
IGNATURE	Signature, typed or printed name of registered a		dicable (NO	authorized to authorized to authorized to authorized to authorized to authorize the statute authorized Authori			en reinstating)		DATE			
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indicated on mis arrival report of supplemental annual report is frue and accurate and that my signature shall have the same legal effect as it made under oarri, that I am a officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

(808)537-6146