## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



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

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DOC	I IMENT#	G47	81

(3)

Principal Pla	INVESTMENT, INC.  ace of Business	Mailing Address		•					
SEBRING FL 33870 SEBRING FL 338		1406 US 27 NORTH SEBRING FL 33870	ORTH			Date Incorporated or Qualified			
		U\$				07/07/1983		6/15/19	
2. Principal	l Place of Business	2a. Malling Address				4. FEI Number	1	<del></del>	Applied For
21		26				59-2300828			Not Applicable
	pt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional
22   City & SI	Note:	City & State					<del>-</del>	<del></del>	Required
23	olale	28]				Election Campaign Financing     Trust Fund Contribution			0 May Be od to Fees
Zip	Country	Zip	Coi	untry		8. This corporation has liability for	intanoible t		
24	25	29	30	•			No		,00,000
	g, Name and Address of Curre	nt Registered Agent	1			10. Name and Address of New F	legistered	Agent	
			_	81	Name				
PATE	el, chhotubhai n			82	Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
	HIGHLAND PLACE DR								
LAKE	ELAND FL 33813			83					
				84	City			<b>85</b> Zi	ip Code
	ant to the provisions of Sections 607.050	6 - 1 - 2 - 1					FL	-	
or regis familiar	stered agent, or both, in the State of Flor r with, and accept the obligations of, Sec	ida. Such change was authorize tion 607.0505, Florida Statutes.	ed by the	corpo	oration's boar	rd of directors. I hereby accept the app	ointment as	s registered	d agent. I am
	<u></u>								
SIGNATURE				-, 150-100-					
	Signature, typed or printed name of registered agen-			d Ageni	l signature require	of when reinslating:  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if a;spircable (NOT ND DIRECTORS	13.	id Agent	l signature requirer	od when reinslating: ADDITIONS/CHANGES TO OFF	ICERS ANI	DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN	ID DIRECTORS	13.		l signature require		ICERS ANI		DRS IN 12
12. THLE	Signature, typed or printed name of registered agen OFFICERS AN PO PATEL, C.N.	ID DIRECTORS	13. 1.1 1.2 M	TITLE NAME	I signature require		ICERS ANI		DRS IN 12
12. THILE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD PATEL, C.N.	ID DIRECTORS	13. 1.1 1.2 M 1.3 S	TITLE NAME	ADDRESS		ICERS ANI		DRS IN 12
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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 eath, 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:

PATEL, VINOD B. (250)

LURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR