

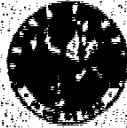
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000001329 (1)

1. Corporation Name

PRINCETON ELECTRO-TECHNOLOGY, INC.

Principal Place of Business

**7300 WEST CAMINO REAL
SUITE 131
BOCA RATON FL 33433**

Mailing Address

**7300 WEST CAMINO REAL
SUITE 131
BOCA RATON FL 33433**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/15/1994	3a. Date of Last Report
4. FEI Number 22-2603531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 5074 NW 32 WAY	26 5074 NW 32 WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33496	Country
24	25
Country	28
29	30
Zip 33496	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMPBELL, PETER 7300 WEST CAMINO REAL SUITE 131 BOCA RATON FL 33433		81 Name CAMPBELL, PETER	85 Zip Code 33496
		82 Street Address (P.O. Box Number is Not Acceptable) 5074 HARRINGTON WAY	
		83	
		84 City BOCA RATON FL	

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	PCT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, PETER	1.2 NAME	
STREET ADDRESS	7300 W. CAMINO REAL, STE 131	1.3 STREET ADDRESS	5074 HARRINGTON WAY
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE	VS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, ATISSA	2.2 NAME	
STREET ADDRESS	7300 W. CAMINO REAL, STE 131	2.3 STREET ADDRESS	5074 HARRINGTON WAY
CITY - ST - ZIP	BOCA RATON FL	2.4 CITY - ST - ZIP	BOCA RATON, FL 33496
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 if an attachment with an address.

SIGNATURE: *Peter Campbell* **PETER CAMPBELL** 4/11/95 407 998-4149
(Type Name)