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95 APR 19 AM 1:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

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 Mailing Address

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

2. Principal Place of Business 2a. Mailing Address

21 **5874 NW 32 WAY** 2a **5874 NW 32 WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **BOCA RATON, FL** 28 **BOCA RATON, FL**

Zip Country Zip Country

24 **33496** 25 29 **33496** 30

3. Date Incorporated or Qualified 3a. Date of Last Report

03/15/1994

4. FEI Number Applied For

22-2603531 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CAMPBELL, PETER
7300 WEST CAMINO REAL
SUITE 131
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name **CAMPBELL, PETER**

82 Street Address (P.O. Box Number is Not Acceptable) **5874 HARRINGTON WAY**

83

84 City **BOCA RATON FL** 85 Zip Code **33496**

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 Signature, typed or printed name of registered agent and that it applies. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCT
NAME	CAMPBELL, PETER
STREET ADDRESS	7300 W. CAMINO REAL, STE 131
CITY - ST - ZIP	BOCA RATON FL
TITLE	VS
NAME	CAMPBELL, ATISSA
STREET ADDRESS	7300 W. CAMINO REAL, STE 131
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5874 HARRINGTON WAY
1.4 CITY - ST - ZIP	BOCA RATON, FL 33496
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5874 HARRINGTON WAY
2.4 CITY - ST - ZIP	BOCA RATON, FL 33496
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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. (Put an attachment with all changes.)

SIGNATURE:  **PETER CAMPBELL** 4/11/95 407 998-4149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include FTS#s if)