

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

**APPROVED  
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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	<b>PCT</b>
NAME	<b>CAMPBELL, PETER</b>
STREET ADDRESS	<b>7300 W. CAMINO REAL, STE 131</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
TITLE	<b>VS</b>
NAME	<b>CAMPBELL, ATISSA</b>
STREET ADDRESS	<b>7300 W. CAMINO REAL, STE 131</b>
CITY - ST - ZIP	<b>BOCA RATON FL</b>
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	<b>5874 HARRINGTON WAY</b>
1.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33496</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5874 HARRINGTON WAY</b>
2.4 CITY - ST - ZIP	<b>BOCA RATON, FL 33496</b>
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 or in an attachment with an address.

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)