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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001329

1. Corporation Name
PRINCETON ELECTRO-TECHNOLOGY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5874 NW 32 WAY
BOCA RATON FL 33496
US

Mailing Address
5874 NW 32 WAY
BOCA RATON FL 33496
US

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/15/1994 | |
| 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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | 27 | 28 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| 23 | 24 | 29 | 30 |
| Zip | Country | Zip | Country |

9. Name and Address of Current Registered Agent

CAMPBELL, PETER
5874 HARRINGTON WAY
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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: *Peter Campbell* PETER CAMPBELL, PRESIDENT 2/8/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PCT | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, PETER | |
| STREET ADDRESS | 5874 HARRINGTON WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | CAMPBELL, ATISSA | |
| STREET ADDRESS | 5874 HARRINGTON WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----|----------------|---|
| 1.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 | NAME | |
| 1.3 | STREET ADDRESS | |
| 1.4 | CITY-ST-ZIP | |
| 2.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 | NAME | |
| 2.3 | STREET ADDRESS | |
| 2.4 | CITY-ST-ZIP | |
| 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address with all other like empowered.

SIGNATURE: *Peter Campbell* PETER CAMPBELL, PRESIDENT 2/8/99 521988245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)