

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000001815 (7)

1. Corporation Name  
PRINCETON PUBLISHING, INC.

Principal Place of Business  
214 BRAZILIAN AVENUE #300  
PALM BEACH FL 33480

Mailing Address  
214 BRAZILIAN AVENUE #300  
PALM BEACH FL 33480-4621



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/11/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0652163		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name ROBERT F. KENDALL			
				82 Street Address (P.O. Box Number is Not Acceptable) 214 BRAZILIAN AVE, STE 300			
				83			
				84 City PALM BEACH FL 85 Zip Code 33480			

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, 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]* DATE: 3/27/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCNAMARA, JAMES J			1.2 NAME			
STREET ADDRESS	127 KINGS ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			1.4 CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	METZGER, J W			2.2 NAME			
STREET ADDRESS	277 ESPLANADE WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			2.4 CITY-ST-ZIP			
TITLE	<del>ROBERT F. KENDALL</del>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<del>ROBERT F. KENDALL</del>			3.2 NAME	ROBERT F. KENDALL		
STREET ADDRESS	<del>214 BRAZILIAN AVE, STE 300</del>			3.3 STREET ADDRESS	214 BRAZILIAN AVE, STE 300		
CITY-ST-ZIP	<del>PALM BEACH, FL 33480</del>			3.4 CITY-ST-ZIP	PALM BEACH, FL 33480		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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.

SIGNATURE: *[Signature]* DATE: 3/27/97

CR2E034 (9/96)