

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

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000003578**
1. Corporation Name
**PRINCETON PRODUCTS CORPORATION
OF PENNSYLVANIA**

Principal Place of Business
**11085 5th St E
TREASURE ISLAND, FL
33706**

Mailing Address
**PRINCETON PRODUCTS CORPORATION
PO BOX 67123
ST PETE BEACH FL 33708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 18, 1976

2. Principal Place of Business 21 11085 5th St E Suite, Apt. #, etc. 22 TREASURE ISLAND, FL City & State 23 33706 Zip 24 FL Country	2a. Mailing Address 26 PO Box 67123 Suite, Apt. #, etc. 27 ST PETE BEACH, FL City & State 28 33736 Zip 29 FL Country
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4. FEI Number
23-1999-826

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

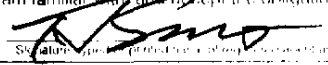
9. Name and Address of Current Registered Agent

**Ted J. STARR
8181 U.S. 19 N
PINELLAS PARK, FL 33781**

10. Name and Address of New Registered Agent

81 Name Ted J. SAVITSKAS
82 Street Address (P.O. Box Number is Not Acceptable) 11085 5th St E
83 [REDACTED]
84 City ST PETE BEACH
85 Zip Code FL 33736

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  DATE _____

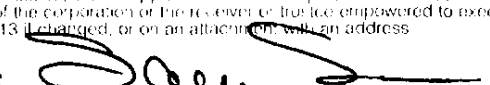
12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Sally Schwartz
1.3 STREET ADDRESS 11085 5th St E
1.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME 600002500926
5.3 STREET ADDRESS -04/27/98-01042-001
5.4 CITY-ST-ZIP ***150.00
6.1 TITLE ☐ Change ☐ 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 supplement to 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:  **Sally Schwartz** 4-16-98 (813-3601998)

CR2E034 (10/97)