

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90015 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000005702**

1. Corporation Name

PRINCETON CORPORATION OF N.A.



Principal Place of Business P.O. BOX 3776 HOMOSASSA SPRINGS FL 34447	Mailing Address P.O. BOX 3776 HOMOSASSA SPRINGS FL 34447
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/29/1997	
4. FEI Number 65-0782270		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643		10. Name and Address of New Registered Agent 81 Name RICHARD E. KEENE 82 Street Address (P.O. Box Number is Not Acceptable) 16 HEMLOCK CT EAST 83 84 City HOMOSASSA FL 85 Zip Code 34446	
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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 *Richard E. Keene* **RICHARD E. KEENE** *March 12, 1999* DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LAURENCE G	1.2 NAME	
STREET ADDRESS	14 HEMLOCK COURT EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTUCCI, KIMBERLY	2.2 NAME	
STREET ADDRESS	47 CABOT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MA	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, RICHARD E	3.2 NAME	
STREET ADDRESS	16 HEMLOCK COURT EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	HOLLY HENDRICKSON
STREET ADDRESS		4.3 STREET ADDRESS	60 EMERALD RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RUTLAND MA 01543
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 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: *Richard E. Keene* **RICHARD E. KEENE** *3/12/99* *352-382-3662*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)