FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L30192 (3)

1. Corporation Name
PRINCIPIUM, INC.

Principal Place of Business	Mailing Address
C/O RALPH R. MADIO POST OFFICE BOX 7089 HOLLYWOOD FL 33081	C/O RALPH R. MADIO POST OFFICE BOX 7089 HOLLYWOOD FL 33081

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/16/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)
4. FEI Number: 65-0159037 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MADIO, RALPH R.
200 SOUTH PARK ROAD
SUITE 465
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME SEVIER, FRANCIS A. C. STREET ADDRESS 9400 S.W. 62ND COURT CITY-ST-ZIP MIAMI FL	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE D NAME SOUTAR, JACK H. STREET ADDRESS 9175 N. BAYSHORE DRIVE CITY-ST-ZIP MIAMI SHORES FL	21 TITLE ☐ Change ☐ Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE D NAME YORK, WOODY N. STREET ADDRESS ~~1229 ROXMERE RD~~ OK CITY-ST-ZIP TAMPA FL	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE D NAME SCHEUREN, JOHN P. STREET ADDRESS ~~711 12TH ST N~~ CITY-ST-ZIP ST. PETERSBURG FL	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 1392 Monterey Blvd., N.E. 44 CITY-ST-ZIP St. Petersburg, FL 33704
TITLE D NAME MADIO, RALPH R. STREET ADDRESS ~~200 SOUTH PARK ROAD 465~~ CITY-ST-ZIP HOLLYWOOD FL	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 2514 Hollywood Blvd. #406 54 CITY-ST-ZIP Hollywood, FL 33020
TITLE D NAME STROTHER, JAMES E. STREET ADDRESS 6500 OLD VALLEY SCHOOL CITY-ST-ZIP KERNERSVILLE NC	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 3535 Shirley Street 64 CITY-ST-ZIP Walkertown, NC 27051

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Ralph R. Madio 02/06/95 305-925-6644
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone Number)

Ralph R. Madio, Managing Director