

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L30192 (3)

1. Corporation Name
PRINCIPIUM, INC.



Principal Place of Business

C/O RALPH R. MADIO
POST OFFICE BOX 7089
HOLLYWOOD FL 33081

Mailing Address

C/O RALPH R. MADIO
POST OFFICE BOX 7089
HOLLYWOOD FL 33081

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MADIO, RALPH R
2514 HOLLYWOOD BLVD., SUITE 406
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
11/16/1989

3a. Date of Last Report
03/06/1995

4. FET 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

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent Signature required when re-appointing)

Date:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SEVER, FRANCIS A. C.
STREET ADDRESS
9400 S.W. 62ND COURT
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
SOUTAR, JACK H.
STREET ADDRESS
9175 N. BAYSHORE DRIVE
CITY-ST-ZIP
MIAMI SHORES FL

TITLE ☐ DELETE

NAME
YORK, WOODY N.
STREET ADDRESS
1223 ROXMERE RD
CITY-ST-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
SCHEUREN, JOHN P.
STREET ADDRESS
1392 MONTEREY BLVD., N.E.
CITY-ST-ZIP
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
MADIO, RALPH R.
STREET ADDRESS
2514 HOLLYWOOD BLVD., #406
CITY-ST-ZIP
HOLLYWOOD FL

TITLE ☐ DELETE

NAME
STROTHER, JAMES E.
STREET ADDRESS
3535 SHIRLEY STREET
CITY-ST-ZIP
WALKERTOWN NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

Date:

954-925-6644

Daytime Phone #

CR2E034 (12/95)