PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
May 27 1998 8:00am
Secretary of State

DOCUMENT # P15279 (3)

1. Corporation Name
PRINCETON FINANCIAL CORP.

[redacted]

Principal Place of Business	Mailing Address
604 COURTLAND STREET. SUITE #201 P.O. BOX 547939 (ZIP 32854) ORLANDO FL 32804	604 COURTLAND STREET. SUITE #201 P.O. BOX 547939 (ZIP 32854) ORLANDO FL 32804-1361

3. Date Incorporated or Qualified: 07/21/1987
3a. Date of Last Report: 4/10/97

2. Principal Place of Business	2a. Mailing Address
21	26 111 Lyon NW
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Corporate Tax
City & State 23	City & State 28 Grand Rapids, MI 49503
Zip 24 / Country 25	Zip 29 49503 / Country 30 United States

4. FEI Number: 59-2811338 ☐ Applied For ☐ Not Applicab
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

BLACKFORD, ROBERT N.
TWO SOUTH ORANGE AVENUE
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPS	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REICH, PAUL F.		1.2 NAME		
STREET ADDRESS	604 COURTLAND ST.,#201		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WARRINGTON, ROBERT H		2.2 NAME		
STREET ADDRESS	1830 E. PARIS, SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ELWELL, DENISE E		3.2 NAME		
STREET ADDRESS	1830 E PARIS S.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLOMBE, PAUL O		4.2 NAME		
STREET ADDRESS	1830 E PARIS S.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND RAPIDS MI		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	600002538296	
STREET ADDRESS			6.3 STREET ADDRESS	-05/28/98--01015--046	PE 5-27
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

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: Robert N. Warrington 7/27/98 (616) 771-1847
Date Daytime Phone #

006318