

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P26528 (0)  
1. Corporation Name  
PRINCETON CAPITAL CORPORATION

Principal Place of Business  
6710 GREENTREE RD  
P.O. BOX 34917  
W BETHESDA MD 20827-0917  
US

Mailing Address  
P.O. BOX 34917  
WEST BETHESDA MD 20827-0917

FILED  
Apr 11 1997 8:00am  
Secretary of State



2. Principal Place of Business  
21 3505 Frontage Rd  
Suite 160  
22 City & State  
Tampa, FL  
23 Zip  
33607  
24 Hillsb  
25 Country  
USA  
26 3505 Frontage Rd  
Suite 160  
27 City & State  
Tampa, FL  
28 Zip  
33607  
29 Country  
USA  
30

3. Date Incorporated or Qualified  
10/20/1989  
3a. Date of Last Report  
04/18/1996  
4. FEI Number  
52-1337697  
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

BAY, CHRISTINE A., ESQ.  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD.  
TAMPA FL 33602-5133

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	REIDER, JEFFREY R.	
STREET ADDRESS	P.O. BOX 34917 N/A	
CITY-ST-ZIP	W. BETHESDA MD	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	REIDER, CONSTANCE Z.	
STREET ADDRESS	P.O. BOX 34917 N/A	
CITY-ST-ZIP	W. BETHESDA MD	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COWELL, BARBARA G.	
STREET ADDRESS	P.O. BOX 34917 N/A	
CITY-ST-ZIP	W. BETHESDA MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Reider, Jeffrey R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	3505 Frontage Rd, Suite 160	
1.4 CITY-ST-ZIP	Tampa, FL 33607	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	3505 Frontage Rd, Suite 160	
2.4 CITY-ST-ZIP	Tampa, FL 33607	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	3505 Frontage Rd, Suite 160	
3.4 CITY-ST-ZIP	Tampa, FL 33607	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 813-289-1653  
Date Daytime Phone #

CR2E034 (9/96)