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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000029509

1. Corporation Name

PRINCIPAL	HOMES & DEVELOPMENT	T, INC.						
	& Queinace	Mailing Address			_	,		
Principal Place o		226-5 SOLANO RD			j			
226-5 SOLANA RD STE 166		STF 166			Ì	DO NOT WRITE IN THIS SPACE		
PONTE VEDRA EBACH FL 32082		PONTE VEDRA BEAHC FL 32082			ì	3. Date Incorporated or Qualifed		
US		US			!	04/22/1993		
						4. FEI Number		ed For
2. Principal Plac	ce of Business	2a. Mailing Address				59-3178108		ppticable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
22	~ - <u></u>	27				6. Election Campaign Financing	\$5.00 M	ay Be
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added to	Fees
		28				8. This corporation owes the current year	Intangible	_ 1
<b>23</b> ]	Country	Zip		untry		Personal Property Tax.	☐ Yes	]No
<del>-</del> 1 '	25	29	30			10. Name and Address of New Register	ed Agent	
24	9. Name and Address of Current	t Registered Agent		81 Name		10. Hanv una race		Ţ
				1 - 1				
WALE	BORN, JAMES K. C.P.A			82 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		Ì
200 F	XECUTIVE WAY							
PONT	TE VEDRA FL 32082			83				
, 0111				84 City			85 Zip C	ode
				84 City			• <b>L</b>	ogistered
office of re	agistered agent, of both, in the State	of Ploteda. Stell thangs was	orida St	atutes	polone			Į.
agent. ra	4100	04.0001 ·				oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of the purpose of the		
agent. ru	Observers broad or printed name of registered age	ant and title if applicable. (NO		red Agent signatur			AND DIRECTO	
agent. ru	Signature, typed or printed name of registered age OFFICERS AN	04.0001 ·	TE: Register	red Agent signatur		DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. (NO	TE: Register	red Agent signatur		DATE	AND DIRECTO	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AP P OLD, PETER	ant and title if applicable. (NO	TE: Register 1: 1.1	rred Agent signatur 3.	re required	DATE	AND DIRECTO	
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14. I hereby certify that the information supplies 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 supplierent 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 elecute 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 a laddress, with all other like empowered.

SIGNATURE:

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90100 037 \*\*\*150.00