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PROFIT CORPORATION-ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #	P94000004444	(3)

ncipal Piace	DEVELOPMENT, INC.	Mailing Address	***************************************			
1829 GREENBRIAR PARKWAY DRLANDO FL 32819		7829 GREENBRIAR PARKWAY ORLANDO FL 32819-8926				
				3. Date Incorporated or Qualified 01/10/1994	3a. Date of Last Re 02/29/1998	port
	lace of Business	2a. Mailing Address		4. FEI Number	h	lied For
Suito Au	355 MetroWest Blvd.	26 6355 MetroW	est Blvd.	59-3221471	Not Not	Applicat
oute ryt.	Suite 330	Suite, Apt. *Suite 3	30	Certificate of Status Desired	Fee Red	
City & SO	rlando, Florida 32835	oldendo, Flori	da 32835	6. Election Campaign Financing	\$5.00	vlav Be
		28		Trust Fund Contribution	Added to	
Zφ	Country	Zip	Country	8. This corporation has fiability for i		199.032,
	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Re	Yes No	
000	SSMAN, NANCY A	t trediereren våaur	81 Name Z		. //	
	9 GREENBRIAR PARKWAY		82 Street Ac	OSMAN, NAVO		
	ANDO FL 32819		Street AC	,	neg	
7.12			63	6355 MetroWest Blvd.		
			84 City	Suite 330	85 Zip C	ode
				Orlando, Florida 32835	FL	
 Pursuant office or r 	to the provisions of Sections 607 0502 registered agent, or both, in the State	2 and 607.1508, Florida Statute o∱Floride~Such change was a	s, the above-named o uthorized by the corpo	orporation submits this statement for the p iration's board of directors. I hereby accep	ourpose of changing its of the appointment as r	register opistere
apport In	im familiar with, and accept the oblig-	itions of Section 607.0505, Flo	rida Statutes.			•
agent Ld	→ 11 ∧ ∧	1/1/5	1	2/2/92		
agencira GNATURE			101114411111111111111111111111111111111	Orlando, Florida 32835 orporation submits this statement for the pration's board of directors. I hereby acception and the properties of 1979		····
ANATURE	Signature, typod or printed name of registered uget	, , , ,	Registered Agent signature re	33/14/14/1	DATE	
SNATURE	Signature, typod or printed name of registered uget	nt and title if applicable (NOTE	Registered Agent signature re	iquired when reinslating)	DATE	3 IN 12
ANATURE.	Signature, typed or profed name of registered age OFFICERS AND	nt and tiffe if applicable (NOTE D DIRECTORS	Registered Agent signature re	iquired when reinslating)	DATE DERS AND DIRECTORS	3 IN 12
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Secretary of State