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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000071377 (3)

Principat Plac	INDUSTRIES, INC.	Mailing Address					
P.O. BOX 810095 P.O. BOX 810095 BOCA RATON FL 33481-0095 BOCA RATON FL 33481-0			-0095				
i I				DO NOT WRIT		SPACE	
				3. Date Incorporated or Qualified			
9 Principal F	Place of Business	2a. Mailing Address		09/28/1994 4. FEI Number		1 14	pplied For
21	INCO OF EGSITIESS	26		65-0535637		-	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired		\$8.75	Additional
Ch. 6 Ch.		27 City & State					equired
City & State		28		Election Campaign Financing Trust Fund Contribution	\Box		May Be to Fees
Zip	Country	Zip	Country		sid the ex		
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
-21	9. Name and Address of Current		[00]	10. Name and Address of New R			
HA	CKMAN, JEFFREY A		81 Name				
	01 N.W. 1ST COURT		82 Street Add	ess (P.O. Box Number is Not Acceptable)			
	CA RATON FL 33487	82 Street		iless (F.O. Box Number is Not Acceptable)			
			83				
			84 City			85 Zip	Code
					FL	_ 03 245	0000
SIGNATURE	Signature, typod or plated rains of registered ages OFFICERS AND	DIRECTORS	DE Registered Agent signature requi	red whore reinstating) ADDITIONS/CHANGES TO OFF	DATE	·	
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	HACKMAN, JEFFREY A		1.2 NAME				
STREET ADDRESS	P.O. BOX 810095, N/A		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33481-0095	T or ere	1.4 CITY - ST - ZIP				1 1 4 2 2 2 2 -
TITLE		☐ DELET e	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			3.2 NAME			C Change	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-S1-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			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			L Change	☐ Addition
NAME			6.2 NAMF				
STREET ADDRESS			6 3 STREET ADDRESS				

14. 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.

6.4 CITY-ST-ZIP