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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P9700095799 (2)

Principal Plac	INVESTMENTS, INC. e of Business PARK DRIVE #5	Mailing Address 880 JUPITER PARK DRIV			
JUPITER FL	13468	JUPITER FL 33468		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
				11/07/1997	*
<b>—</b>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0797379	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registe	ored Agent
	D JUPITER PARK DRIVE #5 PITER FL 33468		83	Iress (P.O. Box Number is Not Acceptable)	
11. Pursuant office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St	0502 and 607.1508, Florida Statul ate of Florida Such change was	84 City tes, the above-named corpora	poration submits this statement for the purpo tion's board of directors. I hereby accept the	FL 85 Zip Code use of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered		Official Statutes.  [E: Registered Agent signature requi		NTE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE	7,004,101,070,174,102,10	Change Addition
NAME	MELTON, H K		1.2 NAME		
STREET ADORESS	880 JUPITER PARK DRIVE	<b>#</b> 5	1.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33468		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TOLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-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	I	☐ DELETE	5.1 TITLE		Change Addition
HAME			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		,

14. I 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:

4/27/8 5/01/743/143

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

May 04 1998 8:00am

Secretary of State