PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066652 (4)

FILED Jan 22 1998 8:00am Secretary of State

PPI CO	ONSTRUCTION, INC.					,					
Principal Plac	ce of Business	Mailing Address									
1015 W. NEWPORT CENTER DRIVE 1015 W. NEWPORT CENTE SUITE 108 SUITE 108 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442							DO NOT WRITE IN THIS SPACE				
DECS. ILLED	SERGIT TE SUFFE	OCCUPICAD DEROIT IE	20442			•	3. Date Incorporated or Qualified				
						,	08/07/1996				
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		A	pplied For		
21		26				65-0684372		Ν	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	X \$		Additional equired		
City & State		City & State			İ	Election Campaign Financing Trust Fund Contribution			May Be to Fees		
Zip	Country	Zip Country					8. This corporation owes or has paid				
24	25	29	30	•			Personal Property Tax due June 3			∏ No	
	9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
DE	CTOR, ANDREW M ESQ.			81	Name						
SHAPIRO & DECTOR, P.A.				82 Street Addre			o /D O Boy Number is Not Assessable				
	77 GLADES RD., SUITE 200		ľ	02	Sueer	Addres	s (P.O. Box Number is Not Acceptable	;)			
	ICA RATON FL 33434			83							
				84	City			FL 85	Zip	Code	
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statu of Florida. Such change was ions of, Section 607.0505, F	tes, the ab authorized lorida Statu	ove by ites.	named the cor	corpor poration	ation submits this statement for the pu o's board of directors. I hereby accept		iging i ent as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	Agen	t signature	e required	when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTO	RS IN 12	
TITLE	DVPS	☐ DELETE	1.1 TITLE			10 , v	P	X	hange	☐ Addition	
NAME	DOCTEROFF, MARSHALL		1.2 NAM	1.2 NAME							
STREET ADDRESS	EET ADDRESS 1015 W. NEWPORT CENTER DRIVE			1.3 STREET ADDRESS							
CITY-ST-ZIP			1.4 CIT	1.4 CITY - ST - ZIP							
TITLE	DP ☐ DELETE 2.1		2.1 TOTL	2.1 TITLE D, f		0, 6	, s , T	[X]	hange	Addition	
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STREET ADDRESS				2.3 STREET ADDRESS							
CITY-ST-ZIP				2.4 CITY-ST-ZIP							
TITLE	L DELETE		3.1 TITE	3,1 TITLE					hange	Addition	
NAME			3,2 NAN	3.2 NAME						İ	
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS							
CITY-ST-ZIP				3.4. CITY-ST-ZIP		<u> </u>					
TIFLE			4.1 TITL	4.1 TITLE		l			hange	Addition	
NAME			4. 2 NA	4. 2 NAME							
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CITY - ST - ZIP				4.4 CITY-ST-ZIP		<u> </u>	. ,	,			
TITLE			5.1 TITL	.E		[hange	Addition	
NAME	1									1	
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STREET ADDRESS			5.2 NAM 5.3 STR		DDRESS						
CITY-ST-ZIP			5.3 STR 5.4 CITY	EET A				·			
CITY-ST-ZIP TITLE		DELETE	5.3 STR 5.4 CITY 6.1 TITL	EET A /-ST- E					hange	☐ Addition	
CITY-ST-ZIP TITLE NAME			5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAM	EET A /-ST- E 4E	ZIP				hange	Addition	
CITY-ST-ZIP TITLE			5.3 STR 5.4 CITY 6.1 TITL	EET A /-ST- E 4E	ZIP				hange	Addition	

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 se-equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.