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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT 1997 | | | | Secretary of State DIVISION OF CORPORATIONS | | | | | Secretary of State | | | | |
|--|-----------------------------------|--|---|---|--------------------------|--------------|--------------------------------|---------------|---|-------------------------|--------------------------------|-----------------------------|--|
| 1. Corporation | MENT # n Name PP GROUP | # F58016 , INC. | | (9) | | | | | | Aidh aidh a | digii Sabia Addai | Alāu seal | |
| Principal Place of Business 2107 RAMPART DRIVE | | | Mailing Address 2107 RAMPART DRIVE | | | | | | | | | | |
| ALEXANDRIA. F | A 22308 | | ALEXAN | IDRIA. FA 22308-11 | 537 | | | | | 1 | | | |
| | | | | | | | | | Date incorporated or Qualified 12/10/1981 | | ate of Last R 10/1996 | lepori | |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | | 4. FEI Number | | | pplied For | | |
| 21 Suite, Apt | #, etc. | | 26] Sui | te, Apt. #, etc. | | | | | 59-2146442 | | | ot Applicable Additional | |
| 22 | | | 27 | | | | | | 5. Certificate of Status Desired | | | equired | |
| City & State | e | | <u> </u> | y & State | | | | ĺ | 6. Election Campaign Financing | | | May Be | |
| 23 Zip | 7 | Country | 28 Zip | · | Cou | intry | | | Trust Fund Contribution 8. This corporation has liability for | | | to Fees | |
| 24 | 2 | | 29 | | 30 | | | | Florida Statutes | Yes 🌡 | No | | |
| | · | nd Address of Currer | t Registere | d Agent | | 81 | Name | | 10. Name and Address of New Ro | gistered | Agent | | |
| RAPP, JAMES. | | | | | | | | | | | | | |
| 203 E. THIRO STREET SANFORD FL 32771-1803 | | | | | | 82 | Street A | Address | s (P.O. Box Number is Not Acceptal | ole) | | | |
| ONI | I OND I E VE | / | | | | 83 | | | ······································ | | | | |
| | | | | | | 84 | City | | | | 85 Zip | Code | |
| | | | 0 - 1007.4 | F00 F1 01 | 44 | | | | | FL | _ | • | |
| office or n | to the provisio egislered agei | ns of Sections 607.050 nt or both, in the State | of Florida. S | Such change was | ites, the a authorize | bove d by | the corp | corporation | ation submits this statement for the 's board of directors. I hereby acce | purpose o pt the apt | it changing it pointment as | registered registered | |
| | m fam liar with | , and accept the oblig | ations of, Se | ction 607,0505, F | iorida Sta | lutes | S. | | | | | | |
| SIGNATURE | Signature, typed o | printed name of registered age | int and tille if app | olicable (NO | TE Flegistere | d Age | arutsoga Joe | required v | when reinstating) | DATE | | | |
| 12. | | OFFICERS AN | D DIRECTO | | 13. | | | | ADDITIONS/CHANGES TO OFFI | CERS AN | | | |
| TiflE | PST DADD JAN | ICO | | ☐ DELETE | 1.17 | | 1 | | | | Change | Addition | |
| NAMÉ SYREFT ADDRESS | RAPP, JAN 2107 RAMI | | | <u>.</u> | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | |
| CITY-SI-ZIP | ALEXANDR | | | | | | T - ZIP | | | | | | |
| TITLE | D | | *************************************** | DELETE | 2.1 1 | | | | | | Change | Addition | |
| NAME | RAPP, JAN | | | | 2.2 N | AME | | | | | | | |
| STREET ADORESS | 2107 RAM | | | | 1 | | ADDRESS | | | | | [| |
| CHY-ST-ZIP TITLE | ALEXANDA | IN YM | | DELETE | 2. 4 C | | ST-ZIP | | | | Change | Addition | |
| NAME | | | | | 3.2 N | | | | | | | | |
| STREET ADDRESS | | | | | 3.3 \$ | TREET | ADDRESS | | | | | | |
| CITY-\$1-70P | | | · · · · · · · · · · · · · · · · · · · | | | | ST-ZIP | | | | | | |
| TITLE | | | | ☐ DELETE | 4.1 Ti | | | | | | Change | Addition | |
| NAME STREET ADDRESS | | | | | 4.21 | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | | IT-ZIP | | | | | ļ | |
| TITLE | | | | DELETE | 511 | | | - | | | Change | Addition | |
| NAMÉ | | | | | 5.2 N | | | | | | | | |
| STHEFT ADDRESS | | | | | | | ADDRESS | | | | | | |
| CiTY+ST-7IP THTLE | | | · · · · · · · · · · · · · · · · · · · | DELETE | 5.4 C | | T-ZIP | | ······································ | | Change | Addition | |
| NAME | | | | | 62 N | | | | | | | | |
| STREEL ACKRESS | | | | | 6.3 S | TAEET | ADDRESS | | | | | | |
| | l | | | | I | | | | | | | | |

6.4 City-St-ZiP

14. I do 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:

FILED

Apr 24 1997 8:00am