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Apr 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006246 (0)

1. Corporation Name
PPI OF NAPLES, INC.



Principal Place of Business
**2289 TAMiami TRAIL EAST
NAPLES FL 34112**

Mailing Address
**2289 TAMiami TRAIL EAST
NAPLES FL 34112-4705**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 25-1231272		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SAMS, TOM 2289 TAMiami TRAIL EAST NAPLES FL 34112				81 Name SAMS, THOMAS E.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2289 Tamiami Trail East			
				83			
				84 City Naples			
				85 Zip Code FL 34112			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **NAME ADJUSTMENT TO LEGAL NAME ONLY**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input type="checkbox"/> DELETE		1.1 TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMS, TOM			1.2 NAME	SAMS, THOMAS E.		
STREET ADDRESS	2289 TAMiami TR EAST			1.3 STREET ADDRESS	2289 TAMiami TRAIL EAST		
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP	NAPLES, FL 34112		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMS, PAT			2.2 NAME	SAMS, PATRICIA A.		
STREET ADDRESS	2289 TAMiami TR EAST			2.3 STREET ADDRESS	2289 TAMiami TRAIL EAST		
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP	NAPLES, FL 34112		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMS, LORI			3.2 NAME	SAMS, LORRAINE M.		
STREET ADDRESS	2289 TAMiami TR EAST			3.3 STREET ADDRESS	2289 TAMiami TRAIL EAST		
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP	NAPLES, FL 34112		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EGAN, KEN			4.2 NAME	EGAN, KENNETH M.		
STREET ADDRESS	2289 TAMiami TR EAST			4.3 STREET ADDRESS	2289 TAMiami TRAIL EAST		
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP	NAPLES, FL 34112		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **Thomas E. Sams** **3/31/97** **(941) 775-5004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone • 0006419

CR2E034 (9/96)