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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006246

1. Corporation Name

PPI OF NAPLES, INC.

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90043 026 ***150.00

, , , , ,							
Principal Place	of Business	Mailing Address	-				
2289 TAMIAMI TRAIL EAST 2289 TAMIAMI TRAIL EAST				Į			
NAPLES FL 34112 NAPLES FL 34112				ŀ	DO NOT WRITE IN THIS SPACE		
				<u> </u>	3. Date Incorporated or Qualifed		7
ı				-	12/02/1996		
2. Principal Pl	ace of Business	2a. Mailing Address	Λ :		4. FEI Number	Apı	plied For
21 452		e 26 4527 Amold	Avenue	e	25-12312 <u>72</u>	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
27			~			Fee Re	
City & State	1	City & State	<u> </u>		6. Election Campaign Financing	**************************************	- 1
23 NO	oles FL	28 Naples F	<u></u>		Trust Fund Contribution	Added to	o Fees
24 34	Country	3410/1	Country		This corporation owes the current year In Personal Property Tax.		□No
24 54	9. Name and Address of Curren	29 34(04 30			10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81 Nam	ne	To. Manual and a second a second and a second a second and a second a second and a second and a second and a		
SAM	S, THOMAS E		82 Stre				
2289 TAMIAMI TRAIL EAST				et Addres	s (P.O. Box Number is Npt Acceptable)	e	}
NAPLES FL 34112			83				
						OF 7in (Sado 6
			84 City	!	Fi	L 85 34	2704
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-name	ed corpor	ation submits this statement for the purpose of	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.							
-	1000	- C_ Lo	> The	omas	s E . Sams . Hesident	- 3/10/	99
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re-	gistered Agent signatu		hen reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12 Addition
TITLE	PCD	DELETE	1.1 TITLE	ļ		Change	
NAME	SAMS, THOMAS E		1.2 NAME	تلدا	527 Arnold Avenue		1
STREET ADDRESS	2289 TAMIAMI TR EAST		1.3 STREET ADDRE	iss 7-	7,1		ŀ
CITY-ST-ZIP	NAPLES FL	DELETE	1.4 CITY-ST-ZIP	\dashv		X Change	Addition
TITLE	VD	O DECEIE	2.1 TITLE			M our and o	
NAME	SAMS, PATRICIA A		2.2 NAME	1/5	121 Arnold Avenue		}
STREET ADDRESS	2289 TAMIAMI TR EAST		2.3 STREET ADDRE	SS 73	a / / in local flocation		[
CITY-ST-ZIP	NAPLES FL	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
TITLE	D Sams, Lorraine M		3.1 MILE 3.2 NAME	ĺ		•	_
NAME	2289 TAMIAMI TR EAST		3.2 NAME: 3.3 STREET ADDRE	-ss 11.	527 Arnold Avenu	e	
STREET ADDRESS	NAPLES FL		3.4. CITY-ST-ZIP	-22	30 / 13		
CITY-ST-ZIP TITLE	D D	□ DELETE	4.1 TITLE			Change	Addition
NAME	EGAN, KENNETH M		4.2 NAME	1	- A U. I Number		
STREET ADDRESS	2289 TAMIAMI TR EAST		4.3 STREET ADDRE	ess 45	527 Arnold Avenu	re	ļ
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		•		j
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		4		}
STREET ADDRESS			5.3 STREET ADDRE	ESS			}
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET ADDRE	ESS			}
	1.	;	64 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034.(11/98)