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 # G42397

1. Corporation Name

PRACTICE PRODUCTIVITY CONSULTANTS INC.

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90014 046 ***150.00



Principal Place of Business Mailing Address						I MORTHLE BOTH RINGO HORE THE ANTHE AND PROTECULAR OF AN AND THE AND T
1571 S.W. 13TH DRIVE 1571 S.W. 13TH DRIVE						
BOCA RATON FL 33486		BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/07/1983
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	acc of Edsirioss	26				59-2332912 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip Country		Zip Country				8. This corporation owes the current year Intangible
24	25	29 30				Personal Property Tax. Yes WNo
	9. Name and Address of Curren	t Registered Agent		14 1	lama	10. Name and Address of New Registered Agent
CANADED CEDALD			1	31 1	Name	· · · · · · · · · · · · · · · · · · ·
Snyder, Gerald <u>611 atlantic blvd. Ext.,</u>			1	3 2 S	Street Add	ress (P.O. Box Number is Not Acceptable)
	IPANO BEACH FL-83060		<u> 15</u>		1521	20 13- DKIVE
₽ U M	IFMITO DEPOSON TE COSOU		'	33		
			1	34 (Dity Box	CA RAGE FL 85 Zip Code 96
10 cm - co7 0000 - d co7 4500 Florido Statutes the above parent correction 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 are familiar with and accept the obligations of, Section 607.0505, Florida Statutes.						
11/199						
SIGNATURE Signature types contribed name of registered agent and trile if applicable. (NOTE: R			gistered A	gent sig	gnature require	red when reinstating) DATE
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITL	_		Containing Discounting
NAME	SNYDER, GERALD		12 NAM	_		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET ADDRESS 1.4 City-ST-ZIP		f	·
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE			P	V. D. ☐ Change 【X Addition
TITLE		□ DELETE	2,1 TITL		_	V, V,
NAME			2.2 NAM		اح	DAYN ELIAS SWYDER
STREET ADORESS			2.3 STR			STISW 134 DAVE
CITY-ST-ZIP		☐ DELETE	2.4 CIT		JP -	BOCA RATON FL-37486
TITLE		□ nere ie	31 TITL			. Daniel
NAME			3.2 NAM		DDECC	• ,
STREET ADDRESS			3.3 STR			· .
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL		.IF	☐ Change ☐ Addition
TITLE			4.1 IIIE 4.2 NA			
NAME			4		npece	
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY - ST-ZIP			•
CITY-ST-ZIP			4.4 CITY 5.1 TITL		<u> </u>	☐ Change ☐ Addition
TITLE			5.1 HILL			
NAME			5.3 STR		ORESS	
STREET ADDRESS			5.4 CITY		l l	•
CITY-ST-ZIP TITLE		DELETE	6.1 TITL			☐ Change ☐ Addition
			6.2 NAM			
NAME			6.3 STR		DRESS	
STREET ADDRESS				CT 7		

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:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR