

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT #

J74601

(2)

1. Corporation Name

PPD, INC.



Principal Place of Business

**% KAREN L. GOLDSMITH
P.O. DRAWER 790
WINTER PARK FL 32790**

Main Office Address

**% KAREN L. GOLDSMITH
P.O. DRAWER 790
WINTER PARK FL 32790**

3. Date Incorporated or Qualified
05/22/1987

3a. Date of Last Report
04/25/1995

4. FEIN Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

22	State, Apt. #, etc.	26	Main Address
23	City & State	27	City, State
24	Zip	28	City, State
25	Country	29	Zip
30	Country	31	Country

9. Name and Address of Current Registered Agent

**GOLDSMITH, KAREN L.
2709 W FAIRBANKS AVENUE
WINTER PARK FL 32789**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 607.0905, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Secretary

DDP

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, PATRICK L.	
STREET ADDRESS	1040 HOWELL HARBOUR DR.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, PATRICK LEE, II	
STREET ADDRESS	1003 KNOLLWOOD COURT	
CITY-STATE-ZIP	WINTER SPRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, JOHN PAUL	
STREET ADDRESS	1040 HOWELL HARBOUR DR.	
CITY-STATE-ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OURS, R.E.	
STREET ADDRESS	1990 LEISURE DRIVE #3	
CITY-STATE-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is complete, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report, or biennial report is true and accurate and that no statement shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, and that the information furnished to expedite this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I understand the consequences of making a false statement.

SIGNATURE: *Patrick L. Harkins* **Patrick L. Harkins, II** 3-7-96 407-644-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)