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FILED
Jan 29 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 # J74601 (2)

1. Corporation Name:

PPD, INC.

Principal Place of Business

**% KAREN L. GOLDSMITH
 P.O. DRAWER 790
 WINTER PARK FL 32780**

Mailing Address

**% KAREN L. GOLDSMITH
 P.O. DRAWER 790
 WINTER PARK FL 32780-0790**



3. Date Incorporated or Qualified: **05/22/1987**
 3a. Date of Last Report: **04/09/1996**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI 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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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:

Signature: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, PATRICK L.	
STREET ADDRESS	1040 HOWELL HARBOUR DR.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, PATRICK LEE, II	
STREET ADDRESS	1003 KNOLLWOOD COURT	
CITY - ST - ZIP	WINTER SPRING FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARKINS, JOHN PAUL	
STREET ADDRESS	1040 HOWELL HARBOUR DR.	
CITY - ST - ZIP	CASSELBERRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OURS, R.E.	
STREET ADDRESS	1990 LEISURE DRIVE #3	
CITY - ST - ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - 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 - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	1030 Knollwood Court
34 CITY - ST - ZIP	Winter Springs, FL 32708
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	9000020724
63 STREET ADDRESS	-01/29/97--01053--047
64 CITY - ST - ZIP	***165.00

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, unchanged, or on an attachment with an address.

SIGNATURE: **Patrick Lee Harkins, II** **1/22/97** **407-644-4111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)