SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DOCUMENT # _34768

PUBLIC PRIVATE PARTNERSHIP, INC.

Jul 14 1998 8:00am Secretary of State Secretary of State DIVISION OF CORPORATIONS (6)



FILED

	_								
Principal Plac	e of Business	Mailing Address					#1#11 #1#11 #1#1	#1411 #1411 F##1	
528 EAST PAR		528 EAST PARK AVENUE							
TALLAHASSEE	FL 32301	TALLAHASSEE FL 32301				DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualified			٦
						12/08/1989			
2. Principal P	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number	A	pplied For	1
21 215 5	South Monroe St	26 215 South	Monr	02	St	59-2979656	N	lot Applicable]
Sulte, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22 Suite.		27 Suite 130					Fee F	Required	_
City & Stat	nesser, FC	City & State 28 Tallahassec, FC				6. Election Campaign Financing \$5.00 May Be			
23 allal	Country	Zip Country				Trust Fund Contribution Added to Fees 8. This corporation cause or has paid the current year latengible			
24 32301	25 U.S.			¬ ~		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current					10. Name and Address of New Registered Agent			
COL	LINS, ARTHUR R			81	Name				1
501 BLAIRSTONE ROAD, #3021				82	Street Address (P.O. Box Number is Not Acceptable)			-	
TALI	Laha §s ee fl 32301								
				83		•			
				84	City		85 Zip	Code	-
<u></u>				Ш		<u>Fl</u>			
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 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 appragent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.								egistered egistered	
SIGNATURE									
	Signature, typed or printed name of registered agent a			ered Ag	ent signature req	ulred when reinstating) DATE	NO DIDECT	00011140	- @
12.	OFFICERS AND		13.	T) C	<u></u>	ADDITIONS/CHANGES TO OFFICERS A		<u> </u>	R2E034 (5/98)
NAME	COLUNS, ARTHUR R	L DELETE	1.1 TITLE 1.2 NAME				Change	Addition	2
STREET ADDRESS	501 BLAIRSTONE ROAD, #3021	1.3 STREE			INDRESS				Ü
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY							12
TITLE		DELETE	2.1 TITU			Change		Addition	70
NAME			2.2 N/						
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS				
CITY-ST-ZIP		2.4 CIT			ZiP				
TITLE		DELETE 3.1		3.1 TITLE			Change	Addition	
NAME			3.2 N/	AME					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			_	TY-ST	ZIP				4
TITLE		☐ DELETE	4.1 TI				L Change	Addition	
NAME STREET ADDRESS			1		DDRESS				
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NAME		□ DECE⊁E	5.2 NA				— Allange	70 0000011	
STREET ADDRESS					DORESS				
CITY-ST-ZIP				TY-ST-Z					
TITLE		DELETE				Char		Audition	1
NAME		—	6.2 N	AME		7000025896 -07/15/9801011	<u> </u>		1
STREET ADDRESS			6.3 ST	REETA	DDRESS	-U7/15/98U1U11 ***558.75	U4U	K (),	lla
					1	泰泰泰的流流。(15		•	11

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 polyporation 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 charged, or on an attachment with an address.