

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M87214** (6)
1. Corporation Name
PROFESSIONAL PRACTICE CONSULTANTS CORP.



Principal Place of Business: **5301 N. FEDERAL HWY. SUITE 390 BOCA RATON FL 33487**
Mailing Address: **5301 N. FEDERAL HWY. SUITE 390 BOCA RATON FL 33487**

2. Principal Place of Business: 21 State: Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 State: Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **06/27/1988**
3a. Date of Last Report: **05/01/1995**
4. FEIN Number: **65-0058063**
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. Free corporation liability for certain jobs tax under S. 193.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

SAXONHOUSE, W. JACK
5301 N. FEDERAL HIGHWAY
SUITE 390
BOCA RATON FL 33487

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

11. Pursuant to the provisions of Section 607.01, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAXONHOUSE, W. JACK	
STREET ADDRESS	5301 N. FEDERAL HWY, 390	
CITY, ST, ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 NAME	
13.6 STREET ADDRESS	
13.7 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 TITLE	
13.9 NAME	
13.10 STREET ADDRESS	
13.11 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 TITLE	
13.13 NAME	
13.14 STREET ADDRESS	
13.15 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information given in this filing is true and correct and does not qualify for the exemption stated in Section 119.07(1)(k), Florida Statutes. I further certify that the information included on this filing is true and correct 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 and for the record, as to the employees of the corporation, that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am familiar with an able to

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 407-241-7077

CR2E034 (12/95)