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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90017 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M98529

1. Corporation Name

PPI ISLAND CLUB INC.

Principal Place of Business

2611 SAMMONDS RD
PLANT CITY FL 33567

Mailing Address

2611 SAMMONDS RD
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6105 Galleon Way Suite, Apt. #, etc. 22 City & State 23 Tampa, FL Zip Country 24 33615 25		2a. Mailing Address 26 6105 Galleon Way Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip Country 29 33615 30		3. Date Incorporated or Qualified 09/07/1988	
		4. FEI Number 59-2819563		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MANN, RALPH
2611 SAMMONDS RD
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name	Mann, Ralph
82 Street Address (P.O. Box Number is Not Acceptable)	6105 Galleon Way
83	
84 City	Tampa
85 State	FL
86 Zip Code	33615

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

Ralph Mann
Signature, typed or printed name of registered agent and title if applicable.

Ralph Mann
(NOTE: Registered Agent signature required when reinstating)

3-17-99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1.1 TITLE	PV
NAME	MANN, RALPH W.	1.2 NAME	MANN, RALPH W.
STREET ADDRESS	2611 SAMMONDS RD	1.3 STREET ADDRESS	6105 Galleon Way
CITY-ST-ZIP	PLANT CITY FL 33567	1.4 CITY-ST-ZIP	Tampa FL 33615
TITLE	T	2.1 TITLE	
NAME	MICK, THOMAS	2.2 NAME	
STREET ADDRESS	4702 BAY CREST DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	OVERSTREET, GARY	3.2 NAME	
STREET ADDRESS	14623 LAKE FOREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Ralph Mann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-99 813-707-8887

Date

Daytime Phone #

CD25024 (11/98)