

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P15596** (0)
1. Corporation Name
P.P.I. MANAGEMENT, INC.



Principal Place of Business 2951-28TH STREET, STE.2040 SANTA MONICA CA 90405-2993	Mailing Address 2951-28TH STREET, STE.2040 SANTA MONICA CA 90405-2978
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/14/1987	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 95-4052011	Applied For Not Applicable		
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees		
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)		
83. City	84. City		
85. Zip Code	FL		

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's signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDP	1.1 TITLE	☐ Change ☐ Addition
NAME	STEIN, MITCHELL J.	1.2 NAME	
STREET ADDRESS	2951-28TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA CA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BERGER, SHELDON P.	2.2 NAME	
STREET ADDRESS	10281 W. PICO BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, JEFF	3.2 NAME	
STREET ADDRESS	6565 STATE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAGINAW MI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:  Mitchell J. Stein, President 4/07/97 (310) 452-8624

CR2E034 (9/96)