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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 APR 19 AM 9:04

OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15596**

1. Corporation Name
P.P.I. MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2951-28TH STREET, STE 2040 SANTA MONICA CA 90405-2993	2951-28TH STREET, STE 2040 SANTA MONICA CA 90405-2993

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1987

4. FEI Number
95-4052011

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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

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

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
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above name I 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 of agent, if any — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SDP	[X] DELETE	11 TITLE	Director Chairman of the Board and Secretary [ ] Change [X] Add
NAME	STEIN, MITCHELL J.		12 NAME	David Roberts
STREET ADDRESS	2951-28TH STREET		13 STREET ADDRESS	947 Tiverton Avenue
CITY-ST-ZIP	SANTA MONICA CA		14 CITY-ST-ZIP	Los Angeles, CA 90024
TITLE	V	[ ] DELETE	21 TITLE	Director, President, CFO and [X] Change [ ] Add
NAME	BERGER, SHELDON P.		22 NAME	Assistant Secretary Sheldon P. Berger
STREET ADDRESS	10390 SANTA MONICA BLVD 4TH FLOOR		23 STREET ADDRESS	10390 Santa Monica Blvd., 4th Floor
CITY-ST-ZIP	LOS ANGELES CA 90025		24 CITY-ST-ZIP	Los Angeles, CA 90025
TITLE	VS	[ ] DELETE	31 TITLE	Assistant Secretary [ ] Change [X] Add
NAME	TURNER, JEFF		32 NAME	Kandis L. Partington
STREET ADDRESS	6565 STATE STREET		33 STREET ADDRESS	10390 Santa Monica Blvd., 4th Floor
CITY-ST-ZIP	SAGINAW MI		34 CITY-ST-ZIP	Los Angeles, CA 90025
TITLE		[ ] DELETE	41 TITLE	Assistant Secretary [ ] Change [X] Add
NAME			42 NAME	Patricia Barnwell
STREET ADDRESS			43 STREET ADDRESS	947 Tiverton Avenue
CITY-ST-ZIP			44 CITY-ST-ZIP	Los Angeles, CA 90024
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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****150.00 ****150.00

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: Sheldon P. Berger, President 3/[illegible]/99 310-277-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (11/98)

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