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

PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400006625 (5)

•		PPLIES, INC.	000	UZU (U)	1			A LARDING DE LINE HARRY NEWS ROOMS DAKEN DAKEN BANKE BENKE BENKE ALIND REGOS BENEF		
Principal Place of Business Mailing Address										
142 SW 49TH ST. 142 SW 49TH ST. CAPE CORAL FL 33914-7121							3. Date Incorporated or Qualified 3a. Date of Last Report			
Principal Place of Business 2a. Mailing Address								01/18/1994 11/27/1996		
	lace of Busin		2a. Mailing Address				4. FEI Number Applie			
Suite, Apt.	#. etc.	26	Suite, Apt. #, etc.				58.75 Addi	pplicable		
22				27				5. Certificate of Status Desired Fee Requir		
City & State				City & State				6. Election Campaign Financing \$5.00 Mar	v Be	
23				28				Trust Fund Contribution Added to F		
Zip Country			├ ┐ ` ├¬			Country		8. This corporation has liability for intangible tax under s. 199	9.032,	
24 25 9, Name and Address of Curren			29					Florida Statutes Yes No		
1101			it Hegiste	erea Agent		81	Name	10. Name and Address of New Registered Agent		
MONTALVO, MIGUEL A JR						82				
142 SW 49TH ST. CAPE CORAL FL 33914							Street /	Address (P.O. Box Number is Not Acceptable)		
CAPE CURAL FL 33914										
							City	FL 85 Zip Code		
11. Pursuant to office or reagent. I a	to the provis egistered ag im familiar w	ions of Sections 607.050 jent, or both, in the State th, and accept the oblig	2 and 607 of Florida ations of,	7.1508, Florida Sta a. Such change wa Section 607.0505,	tutes, t as autho Florida	he above orized by a Statutes	e-named the corp s.	d corporation submits this statement for the purpose of changing its representation's board of directors. I hereby accept the appointment as regi	gistered istered	
SIGNATURE	Blanch and Australia	or printed name of registered age			WOTE FI			ore required when reinstating) DATE		
12.	Signature, types	OFFICERS AN			voit: ne	13.	III SIGNATOR	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12	
TITLE	PD	····	· · · · · · · · · · · · · · · · · · ·	DELETE		1.5 TITLE			Addition	
NAME	MEDINA, WANDA			12 N		1.2 NAME			ļ	
STREET ADDRESS	I						ADDRESS		1	
CITY-ST-ZIP	CAPE CORAL FL 33914						1-ZIP			
TITLE					Į	2.1 TITLE		Change	Addition	
NAME	MONTALVO, MIGUEL A JR				1	2:2 NAME				
STREET ADDRESS 142 SW 49TH ST. CITY-ST-ZIP CAPE CORAL FL 33914							ADDRESS	•		
CITY-ST-ZIP		DELETE	2, 4 CFT Y LETE 3 1 TITLE		ST-ZIP	Change	Addition			
TITLE NAME	MONTALVO, MIGUEL A SR				1	3.2 NAME		Change L	_ Madillott	
STREET ADDRESS						3.3 STREET ADDRESS			1	
CITY-ST-ZIP	NUTLEY I					3.4. CITY-S	- 1			
TITLE				DELETE		4.1 TITLE	, <u>.</u>	Change	Addition	
NAME					ľ	4, 2 NAME				
STREET ADDRESS						4,3 STREET	ADDRESS	3		
CITY-\$1-ZIP		·····				4,4 CITY - S	T-ZIP			
TITLE				DELETE	Į	5 1 TITLE		Change	Addition	
NAME					j	5,2 NAME			-	
STREET ADDRESS						5.3 STREET				
CITY-ST-ZIP				DELETE		5.4 CITY - S	T - ZIP		Lagares -	
TITLE				L.J DELETE		61 TITLE		Change L	Addition	
NAME STREET ADDRESS						6.2 NAME	ADDDree			
CITY_CT_ZIP					ł	6.3 STREET		` 	1	

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 cath; 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:

Time a martale je

4-24-97

(941) 945-1266

FILED

May 02 1997 8:00am

Secretary of State