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

PROFIT CORPORATION **ÄNNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

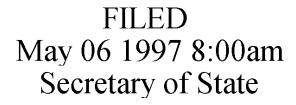
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400038881 (6)

P P R AND ASSOCIATES, INC.

Mailing Address Principal Place of Business





441 N DEL PRADO # 9 CAPE CORAL FL 33909		441 N DEL PRADO # 8 CAPE CORAL FL 33909-2220 441 N DEL PRADO # 5 CAPE CORAL FL		3. Date Incorporated or Qualified 05/23/1994	or Qualified 3a. Date of Last Report 06/05/1996			
2. Principal Place of Business 21 441 N DEL PRAPO #5 28. Mailing /			Address		4. FEI Number		Applied For	
					65-0484922		Not Applicable	
Suite, Apt. 4 22 # 5	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 1	\$8.75 Additional Fee Required		
23 CAPE CORAL FL		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
71p 33909 County Zip Cou			Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	AWAY, RAMONA		81 1	Name			j	
441 N DEL PRADO # 9 CAPE CORAL FL 33909			82 8	82 Street Address (P.O. Box Number is Not Acceptable)				
B								
			84 (City		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	arid 607.1508, Florida Statu	les, the above-n	amed corp	poration submits this statement for the pu	rpose of changir	ng 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 hybrid or je need name of registered agent and blie if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature: typicd or printed name of registered ager OFFICERS AND		TE: Registered Agent e	signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECT	TORS IN 12	
101.1	D	DELETE	1.1 THTLE		<u> </u>	D ALL		
NAME	GALLAWAY, RAMONA		1.2 NAME	R	AMONA GALLAWAY 41 N DEL PRADO APE CORAL, FL 3	$\mathcal{A} = \mathcal{A}$		
STREET ADDRESS	441 N DEL PRADO # 9		1.3 STREET AD	ORESS 1	LINDEL PRADO	#5		
CITY - ST - ZIP	CAPE CORAL FL 33909		1.4 CITY-ST-2	AIP 7	ADE PORAL EL 3	33909		
TILE	D	DELETE	2.1 TITLE		7	Chan	ge Addition	
NAME	GALLAWAY, PATRICK		2.2 NAME	1	WILLIAM DATRIAL			
STREET ADDRESS	441 N DEL PRADO # 9		2.3 STREET AD	DRESS (ALLAWAY, PATRICK YIN DEL PRAPO	#5		
Caty-St 2iP	CAPE CORAL FL 33909		2. 4 CITY-ST-	ZIP 7	APE CORAC FI3	3909		
TITLE		DELETE	3 1 TITLE		7	☐ Chan	ge Addition	
NAME			3.2 NAME	l				
STREET ADDRESS			3.3 STREET AD	DRESS				
CHY ST ZIP			3.4. CITY - ST-	ZIP			J	
TITLE		DELETE	4.1 TITLE			Chan	ge Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET AD	DRESS				
CHY-51-7 P			4.4 CiTY-ST-2	?iP				
TIFLE		☐ DELETE	51 TITLE			☐ Chan	ge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET AD	ORESS				
CITY-ST ZIP			5.4 CITY - ST - 2	ZIP				
TITLE		☐ DELETE	6.1 TITLE			Chan	ge Addition	
NAME			6.2 NAME	ļ				
STREET ADDRESS			6.3 STREET AD	DRESS				
C-TY-ST ZIP			6.4 CiTY-\$1-2	ZIP				
	w certify that the information supplied	with this filing does not qual			d in Section 119.07(3)(i). Florida Statutes	I further certify t	hat the	

remaillor supplies with this tiling does not qualify for the exemption stated in section 119.7(3)(i), Florida statutes. There certify that the annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that we corporation or the receiver or true ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name information indicated of Lam an officer appears in Bro