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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038881 (6)

1. Corporation Name
P P R AND ASSOCIATES, INC.



Principal Place of Business
441 N DEL PRADO # 9
CAPE CORAL FL 33909

Mailing Address
441 N DEL PRADO # 9
CAPE CORAL FL 33909-2220

441 N DEL PRADO # 5
CAPE CORAL, FL

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report
06/05/1996

2. Principal Place of Business
21 441 N DEL PRADO #5

2a. Mailing Address

4. FEI Number
65-0484922

Applied For
Not Applicable

Suite, Apt. #, etc.
22 #5

Suite, Apt. #, etc.
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 CAPE CORAL, FL

City & State
28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24 33909

County
25 LEE

Zip
29

Country
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GALLAWAY, RAMONA
441 N DEL PRADO # 9
CAPE CORAL FL 33909

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-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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME GALLAWAY, RAMONA
STREET ADDRESS 441 N DEL PRADO # 9
CITY - ST - ZIP CAPE CORAL FL 33909

1.1 TITLE
1.2 NAME D RAMONA GALLAWAY Change Addition
1.3 STREET ADDRESS 441 N DEL PRADO #5
1.4 CITY - ST - ZIP CAPE CORAL, FL 33909

TITLE D DELETE
NAME GALLAWAY, PATRICK
STREET ADDRESS 441 N DEL PRADO # 9
CITY - ST - ZIP CAPE CORAL FL 33909

2.1 TITLE D Change Addition
2.2 NAME GALLAWAY, PATRICK
2.3 STREET ADDRESS 441 N DEL PRADO #5
2.4 CITY - ST - ZIP CAPE CORAL, FL 33909

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: *Ramona Gallaway*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97 941-7722022
Date Daytime Phone #

CR2E034 (9/96)