FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:00

DOCUMENT # **P94000067064 (3)**

1. Corporation Name
P.P. & W. INCORPORATED

Principal Place of Business	Mailing Address
9882 GLADES ROAD SUITE E-4 BOCA RATON FL 33434	9882 GLADES ROAD SUITE E-4 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1994
3a. Date of Last Report:

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

4. FEI Number: 65-052-9023 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MASTANDREA, WILLIAM
9882 GLADES ROAD SUITE E-4
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name: MAHER, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable): 2690 NW 64th BLVD.
83
84 City: BOCA RATON FL 85 Zip Code: 33496

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: _____ DATE: 3/23/95
Signature, typed or printed name of registered agent, and if applicable, title of officer. NOTE: Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/S/D	☒ Change ☐ Addition
NAME	MASTANDREA, WILLIAM	12 NAME	MAHER, PATRICIA	
STREET ADDRESS	9882 GLADES ROAD SUITE E-4	13 STREET ADDRESS	2690 NW 64th BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	14 CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D	21 TITLE	V/T/D	☒ Change ☐ Addition
NAME	MAHER, PATRICIA	22 NAME	MAHER, PETER	
STREET ADDRESS	2690 N.W. 64TH BLVD.	23 STREET ADDRESS	2690 NW 64th BLVD	
CITY ST ZIP	BOCA RATON FL 33496	24 CITY ST ZIP	BOCA RATON FL 33496	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MAHER, PETER	32 NAME		
STREET ADDRESS	2690 N.W. 64TH BLVD.	33 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL 33496	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST		

14. I do hereby certify that the information supplied with this filing is complete, accurate and current; and that I am familiar with and authorized by Florida law to execute this filing. I further certify that the information indicated on this report or supplemental 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: PATRICIA MAHER 3/23/95 407-241-8146
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0262073 CP