

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007118 (9)

1. Corporation Name
PPGPB, INC.



Principal Place of Business

Mailing Address

1601 BELVEDERE RD
~~SUITE 213-S~~
WEST PALM BEACH FL 33406

1601 BELVEDERE RD
SUITE 213-S
WEST PALM BEACH FL 33406

3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc. P.O. Box 16762

4. FEI Number

Applied For

65-0552780

Not Applicable

22. City & State

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

SUITE 103S

28. City & State
WEST PALM BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

Country

29. Zip

Country

24. 33416 25. 30. PALM BEACH

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

ANGOWITZ, HOWARD I
1601 BELVEDERE RD
~~SUITE 213-S~~ SUITE 103 S
WEST PALM BEACH FL 33406

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, if applicable,

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ANGOWITZ, HOWARD I
STREET ADDRESS 1601 BELVEDERE RD SUITE 213-S
CITY-ST-ZIP WEST PALM BEACH FL 33406 ☒ DELETE

1.1 TITLE DIR
1.2 NAME LARRY KOHN
1.3 STREET ADDRESS P.O. Box 16762
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33416 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-96 407-617-4444
Date Date/Time Phone #

CR2E034 (12/95)