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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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DOCUMENT # P95000007118

1. Corporation Name
PPGPB INC.

Principal Place of Business	Mailing Address
Jewish Community Center 3151 N. Military Trail WPB, FL 33409	P.P.G.P.B, Inc. P.O. Box 16762 WPB, FL 33416-6762

2. Principal Place of Business	2a. Mailing Address
21 JCC, WPB, FL	26 P.O. Box 16762, WPB
Suite, Apt. #, etc. 22 3151 N. Mil. Trail	Suite, Apt. #, etc. 27
City & State 23 WPB, FL	City & State 28 WPB, FL
Zip / Country 24 33409 / 25 P.B.	Zip / Country 29 33416-6762 / 30 Palm Bch

3. Date Incorporated or Qualified: 1996
3a. Date of Last Report: 1996
4. FEI Number: 650552780 (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
Larry Kohn
2461 Village Blvd
WPB, FL 33409

10. Name and Address of New Registered Agent
81 Name: William Rogers
82 Street Address (P.O. Box Number is Not Acceptable): 4741 Poseidon Place
83 Lake Worth 33463
84 City: — FL 85 Zip Code: 33463

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William Rogers, President — 7/20/97
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	President ☑ DELETE	1.1 TITLE D	President ☑ Change ☐ Addition
NAME	Larry Kohn	1.2 NAME	William Rogers
STREET ADDRESS	2461 Village Blvd	1.3 STREET ADDRESS	4741 Poseidon Place
CITY-ST-ZIP	WPB, FL 33409	1.4 CITY-ST-ZIP	Lake Worth, FL 33463
TITLE	Vice President ☑ DELETE	2.1 TITLE D	Vice President ☑ Change ☐ Addition
NAME	William Rogers	2.2 NAME	Paul Polisena
STREET ADDRESS	4741 Poseidon Place	2.3 STREET ADDRESS	4337 Okeechobee Blvd, H-6
CITY-ST-ZIP	Lake Worth, FL 33463	2.4 CITY-ST-ZIP	WPB, FL 33409
TITLE	Treasurer ☐ DELETE	3.1 TITLE D	Treasurer ☐ Change ☑ Addition
NAME	Paul Polisena	3.2 NAME	Rick Hill
STREET ADDRESS	4337 Okeechobee Blvd, H-6	3.3 STREET ADDRESS	900 Old Dixie Hwy. #8
CITY-ST-ZIP	WPB, FL 33409	3.4 CITY-ST-ZIP	Lake Park, FL 33403
TITLE	Secretary ☑ DELETE	4.1 TITLE D	Secretary ☑ Change ☐ Addition
NAME	Debra Waite	4.2 NAME	Debra Waite
STREET ADDRESS	P.O. Box 19195	4.3 STREET ADDRESS	P.O. Box 19195 N/A
CITY-ST-ZIP	WPB, FL 33416	4.4 CITY-ST-ZIP	WPB, FL 33416
TITLE	Board member ☐ DELETE	5.1 TITLE T	Board member ☐ Change ☐ Addition
NAME	Bruce Baker	5.2 NAME	Bruce Baker
STREET ADDRESS	1W583 Southern Blvd	5.3 STREET ADDRESS	1W583 Southern Blvd
CITY-ST-ZIP	Lombard, IL 33470	5.4 CITY-ST-ZIP	Lombard, IL 33470
TITLE	Board member ☐ DELETE	6.1 TITLE T	Board member ☐ Change ☐ Addition
NAME	Joaquin (Tato) Bengochea	6.2 NAME	Joaquin (Tato) Bengochea
STREET ADDRESS	3537 Hunt Rd	6.3 STREET ADDRESS	3537 Hunt Rd
CITY-ST-ZIP	WPB, FL 33461	6.4 CITY-ST-ZIP	WPB, FL 33461

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Rogers — 7/20/97 — 561-641-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #