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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018312 (5)

P.P.C.S., INC.

Principal Place of Business

Mailing Address

715 BUNKER VIEW DRIVE

FILED Feb 10 1997 8:00am Secretary of State



APOLLO BEACH FL 33572			APOLLO BEACH FL 33572-2806						
							3. Date Incorporated or Qualified 03/07/1995	3a. Date of Last 05/28/1996	•
2. Pr	incipal Place of Bus	iness	26. Mailing Addi	2a. Mailing Address			4. FEI Number 59-3302397		Applied For
	ite, Apt. #, etc.		Suite, Apt. #, etc.				See \$9.75 Additional		
22	to B. Chata		27				Fee Required		
23	ty & State		City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zi	p	Country Z _I p			Country	_	This corporation has liability for intangible tax under s. 199 032,		
24		25	29	30			Florida Statutes	Yes 🗌 No	
	PEARCE, RAL	e and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Re	sistered Agent	
l .	715 BUNKER				62		400 P 10 P		
	APOLLO BEA				[Street Ad-	dress (P.O. Box Number is Not Acceptab	le)	
					83				
					84	City		85 Zij	p Code
11. F	ursuant to the provis	sions of Sections 607.05	502 and 607.1508, Florid	da Statutes, the	abovi	e-named co	rporation submits this statement for the p	Jrpose of changing	its registered
	nice di redisiered a	gent, or both, in the Stat vith, and accept the obli	ie oi Fiorida. Such char	IOO WAS ALIIDON	DOM:	/ IDO COTOOR	ation's board of directors. I hereby accep	t the appointment a	as registered
SIGN	ATURE								
12.	Signature type	d or printed name of registried at OFFICERS AI	gent and tille if applicable ND DIRECTORS		tered Ago 3.	int signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTO	DRS IN 12
TITLE	P		DE		1 TITLE		NESTHOROGOTIVITALES TO OFFIS	☐ Change	
NAME		e, ralph p		1.3	2 NAME	ĺ			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NKERMEW DRIVE				ADDRESS			
CITY-S TITLE	T-ZIP APOLLU	BEACH FL 33572	T DE		4 CITY - S 1 TITLE	T-ZIP		Change	
NAME	,	E, VIVIAN R			2 NAME			L_ Change	Addition
		NKERVIEW DRIVE				ADDRESS		j	
CITY-S	T-ZIP APOLLO	BEACH FL 33572			4 CITY-S	ST - ZIP			
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NAME	10000000				2 NAME				
CITY-S	ADDRESS				3 STREET 4. CITY - S	ADDRESS			
TITLE	1-24		DE		4. UITTE	51 - ZIP		Change	Addition
NAME				4.	2 NAME				
STREET	ADDRESS			4.3	3 STREET	ADDRESS			
CITY-S	T-ZIP				4 C(1Y - S	1- ZIP			
TITLE NAME			[] DE		1 TITLE 2 NAME			☐ Change	Addition
	ADDRESS					ADDRESS	:		
CITY-S					4 CITY-S				
TITLE			☐ DE		1 TITLE			Change	Addition
NAME				6.2	2 NAME				
	ADDRESS					ADDRESS			
CITY-S	T-ZIP			64	4 CHY-S	T - 7IP			

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 lam 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.