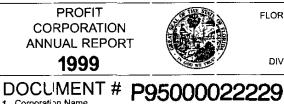
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90065 048 ***150.00

1. Corporation	PPLY, INC.					
Principal Place of Business Mailing Address						•
8123 NW 29TH STREET 8123 NW 29TH STREET						
MIAMI FL 33122 MIAMI FL 33122				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	\neg
					03/20/1995	
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Nur iber Applied For	┪
26					65-0578828 Not Applicable	9
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	7
27		27			5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23					Trust Fund Contribution Added to Fees	ᆜ
Zip	Count y	Zip	Country		8. This corporation owes the current year Intangible	- 1
24	25	- 	10		Personal Property Tax. Yes []No	4
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	ᅱ
COL	RPORATION COMPANY OF MIAMI		01	Name		
201 S. BISCAYNE BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
2013. DISCATING BLAD. #1300			83			
#1900 MIAMI FL 33131			63			
MINA	MITE SOIST		84	City	85 Zip Ccde	
					rporation submits this statement for the purpose of changing its registered	\dashv
office or	registered agent, or both, in the State of am familiar with, and accept the obligation of registered agent.	of Florida. Such change was aut icons of, Section 607.0505, Florid	horized by da Statutes	the corpora i	rion's board of directors, I hereby accept the appointment as registered	
12.	OFFICERS AND		13.	i signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ヿ
TITLE	PD	☐ DELETE	1.1 TITLE		Change ☐ Addition	on
NAME	HUGHES, ALUN A		1.2 NAME		•	
STREET ADDRESS	CAA IIAI INTON LAME		1.3 STREET	ADDRESS 7	TYP CRANDON BLUD ZIZ	
CITY-ST-ZIP	KEY BISCAYNE FL.		1.4 CITY-S			
TITLE	VSD	☐ DELETE	2.1 TITLE		Change ☐ Addition	on
NAME	HUGHES, ELIZABETH		2.2 NAME			
STREET ADDRESS	A ADOUT INLE DO ADT 4546		23 STREET	ADDRESS 7	GROVE ISHE DR APTIZOS	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-S	T-ZIP		_[
TITLE	VPT	☐ DELETE	3.1 TITLE		Change ☐ Addition	on
NAME	HUGHES, GARETH H		3.2 NAME			- 1
STREET ADDRESS	2 GROVE ISLE DR APT-1510		3.3 STREET	ADDRESS 2	KROVE IGHE OR APT 1203	-
CITY-ST-ZIP	COCONUT GROVE FL		3 4. CITY-S	II		_
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	on
NAME			4. 2 NAME			ĺ
STREET ADDRESS	5		4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		\perp
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition)nc
NAME			52 NAME			
STREET ADDRESS	3		5.3 STREET	!		
CITY-ST-ZIP			54 CITY-S	T-ZIP	50	_
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME	İ	☐ Change ☐ Addition	"

CITY-ST-ZIP 14. I 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 recuired 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, with all ather like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)