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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000008112 (0)

PPI HOLDING COMPANY, INC.

MAS Holding Company,

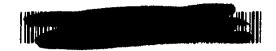
The (see enclosed)

Principal Place of Business

15151 N.W. 89TH ST. , 5 - 5 ALACHUA FL 32615 Mailing Address

15151 N.W. 99TH ST. , ST > 13 ALACHUA FL 32615

FILED Apr 16 1997 8:00am Secretary of State



									18	 Date Incorporated or Qualified 01/25/1996 	3a. Da	ate of Last R	eport	
2.	Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For	
21				26	26					59-3358013			t Applicable	
22	Suite, Apt. #, etc.				Suite Apt. #_etc.				,	5. Certificate of Status Desired S8.75 Additions Fee Required				
	City & State	·	City & State					6. Election Campaign Financing		\$5.00	May Be			
23								Trust Fund Contribution Added to Fees						
	Zip		Country		Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032,					
24		25 29 30						Florida Statutes Yes You						
Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent					
PALMETTO CHARTER SERVICE, INC.								81 Name						
150 MAGNOLIA AVE.							82 Street Address (P.O. Box Number is Not Acceptable)							
DAYTONA BEACH FL 32115-2491														
ب								83						
							84 City					65 Zip (Code	
							· '	-			FL	. '		
11.	Pursuant I	o the provis	sions of Sections 60	07.0502 and 60	7.1508, Florida Statu	tos, the at	ove	-named	corporat	tion submits this statement for the property of directors. I hereby access	urpose of	changing it	s registered	
	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.													
l	SIGNATURE													
Signature Typest or printed name of registered agent and title if applicable. (NOTE: Register								t signature i	ignature required when reinstating) DATE					
12,	т					13.				ADDITIONS/CHANGES TO OFFIC	ERS AND			
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								63 STREET ADDRESS 64 CITY-ST-ZIP 70002145557 -04/17/9701003024 r the exemption stated in Section 119.07(************************************						
14.	. I do heref	by certify tha	at the information s	upplied with this	s tiling does not qual	lity for the	exer	nption st	tated in l	Section 179.07(海陽景 17409 St集ites	s i turthe	r certify that	the !	

4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3) ## 1959 Subtree: 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Tetting) Ratha Burns S/T 4/7/97 (904)462-2148