## 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 # P96000042521 (0)

PROFESSIONAL PROCESSING AND MARKETING, INC.

Principal Place of Business Mailing Address 2824 N.E. 32ND STREET #6 2824 N.E. 32ND STREET #6 FORT LAUDERDALE FL 33306-2071 FORT LAUDERDALE FL 33306 3. Date Incorporated or Qualified 3a. Date of Last Report 05/20/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Ζıp Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name MELTON, PATRICIA J 2824 N.E. 32ND STREET #6 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33306 83 84 City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12 13. DELETE Change Addition 1.1 TITLE TITLE MELTON, PATRICIA J 1.2 NAME NAME 2824 N.E. 32ND STREET #6 STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33306 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition 2.2 NAME NAME 2.3 STREET ADDRESS SIREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST-ZIF DELETE Change ☐ Addition 31 TITLE THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-SI-7IF DELETE Change Addition 1-ILE 4.1 TITLE 4. 2 NAME NAME **43 STREET ADDRESS** STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THILE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY ST ZIP DELETE Addition 6.1 TITLE Change TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP 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 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or

NAME

STREET ADDRESS

CHTY-ST-ZIP

054.568.5473

**FILED** 

Apr 08 1997 8:00am

Secretary of State