Mar 08, 1999 8:00 am Secretary of State

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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

DOCUMENT # P97000106604 1. Corporation Name

PPSC ENTERPRISES, INC.

Principal Place of Business
9037 LEM TURNER RD JACKSONVILLE FL 32209
HO CONTILLE I E DEEDS

Mailing Address

5600 NEW KINGS RD. #6



JACKSONVILLE FL 32209 US		JACKSONVILLE FL 32209		DO NOT WRITE IN THIS SPACE				
US					3. Date Incorporated or Qualifed 12/19/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		App	lied For
21		26			59-3495897		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		. 75 Ac ee Req	dditional uired
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 N dded to	
Zip	Country 25	Zíp	Country	/	This corporation owes the current yes Personal Property Tax.	ar Intangible	s	X (No
24	9. Name and Address of Currer		,0 1		10. Name and Address of New Regist	ered Agent		
	5. Name and Address of Curren	it Registered Agent	81	Name		<u> </u>	-	
GRE	GORY, RODNEY G		82					
3900 ATLANTIC BLVD.					ddress (P.O. Box Number is Not Acceptable)			
JACI	KSONVILLE FL 32207		83	1				
			84	City		FL 85	Zip C	ode
					ration's board of directors. I hereby accept the			
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6.4 CITY+ST-ZIP 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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS