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CORPORATION ANNUAL REPORT - 1000



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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

01-29-1999 90060 021 ***150.00

 Corporation 	MENT # P98000 PPRO, INC	0020883		(CANCIANI (IN 1884) AÉIN ÁGIN ÁBHI ÁBHI SAN SE	na hani adhar salah ibida 1871 2861
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Principal Place		Mailing Address			•
6195 PARK BLA		6195 PARK BLVO. Pinellas Park Fl 34865		· ·	
PINELLAS PARI	K FL 34003	FIRETING 1 WIN 16 CHOOS		DO NOT WRITE IN TH	IIS SPACE
				3. Date incorporated or Qualifed	
				03/04/1998	
2. Principal P	Place of Business	2a. Malling Address		4. FEI Number 593555468	Applied For
21	·	26		593555 4.68	Not Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
12		27			\$5.00 May Be
City & Stat	le .	City & State		- 8Election Compaign Financing Trust Fund Contribution	Added to Fees
13		28	Country	8. This corporation owes the current year	
Zip ∵i ∵	Country	29	30	Personal Property Tax.	Yes No
24	25 9. Name and Address of Cum			10. Name and Address of New Registers	ed Agent
		Special Sections	81 Name	• .	·
	rk, Laurence		82 Street A	ddress (P.O. Box Number Is Not Acceptable)	
	8 W. BAY OR , THE BLUFFS		-	ANALYME BUT ALTERNATION AND THE TOTAL AND THE STATE OF TH	Company of the property of the company of the compa
BELLEAIR BLUFFS FL 33770-2649		83	Lind Control of the Control		
		•	Ll	43-4-461-4-16-1-14-1-14-1-17-1	85 Zip Code
		•	IB4L City		
11. Pursuant	t to the provisions of Sections 607.0	502 and 607.1508, Florida Statut te of Florida. Such change was a	es, the above-named cuthorized by the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	L 1
11. Pursuant office of agent (& SIGNATURE	Signature, typed or printed nume of registered a	aperal and title If applicable. (NOTE	es, the above-named c uthorized by the corpor rida Statutes.		of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered of OFFICERS	agonal and title if applicable. (NOTE AND DIRECTORS	es, the above-named outhorized by the corpor rida Statutes. Registered Agent signature rec		of changing its registered pointment as registered
SIGNATURE 12. TITLE	Signature, typed or privided name of registants of OFFICERS	aperal and title If applicable. (NOTE	es, the above-named cuthorized by the corpor rida Statutes. Registered Agent signature rec. 13. 1.1 IIILÉ	puried when reinstaling) . DATE	of changing its registered pointment as registered
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or private nume of registrated OFFICERS DP CLARK, LAURENCE 5 6195 PARK BLVD. PINELLAS PARK FL 34665	agonal and title if applicable. (NOTE AND DIRECTORS	es, the above-named cuthorized by the corpor richa Statutes. Registered Agent signature rec. 13. 1.1 IIILÉ 1.2 NAME	puried when reinstaling) . DATE	of changing its registered pointment as registered
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I hereby certify that the information supplied with the finite docs not qualify an an indicated on this annual report or supplied with the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report or supplied with the report is 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 an attachment with an address, with all other like empowered.

The state of the second of the