

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S58412 (5)**

1. Corporation Name
P.P.F. COMICS, INC.



Principal Place of Business: **6186 S CONGRESS AVE. S-A-4 LANTANA FL 33462**
Mailing Address: **6186 S CONGRESS AVE. S-A-4 LANTANA FL 33462**

3. Date Incorporated or Qualified: **06/04/1991**
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business
21 **1387 N. Military Trail**
22 **West Palm Beach FL**
23 **33409**
24 **Palm Bch**
25 **FL**
26 **1387 N. Military Trail**
27 **West Palm Beach FL**
28 **33409**
29 **Palm Bch**
30 **FL**

4. FEI Number: **65-0270282**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GALLO, MARK
6186 CONGRESS AVENUE
A-4
LANTANA FL 33462**

10. Name and Address of New Registered Agent
81 Name: **MARK GALLO**
82 Street Address (P.O. Box Number is Not Acceptable): **1387 N. Military Trail**
83
84 City: **WEST PALM BEACH FL** 85 Zip Code: **33409**

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GALLO, MARK	
STREET ADDRESS	9873 LAWRENCE RD #K204	
CITY - ST - ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	mark gallo	
1 3 STREET ADDRESS	484 S. Country Club Drive	
1 4 CITY - ST - ZIP	Atlantis, FL 33462-1240	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **MARK GALLO** 2-20-96 407 697 2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)