Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90035 016 \*\*\*150.00

## 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 # \$58412

1. Corporation	n Name							
P.P.F. COMICS, INC.								
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Principal Place of Business Mailing Address								
1387 N. MILITARY TRAIL 1387 N. MILITARY TRAIL								
WEST PALM BEACH FL 33409 US WEST PALM BEACH FL 33409 US						DO NOT WRITE IN THIS SPACE		
05						3. Date incorporated or Qualifed		
						06/04/1991		
Principal Place of Business     2a. Mailing Address						4. FEI Number	A	pplied For
26						65-0270282		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		Additional
22 27						3. 55/11/54/5 5/ 5/11/54	Fee R	equired
City & State City & State				6. Election Campaign Financing \$5.00 May Be		. !		
23		28				Trust Fund Contribution		to Fees
Zip			Country	untry		8. This corporation owes the current year Ir	itangible <b>X</b> Yes	□No
24						Personal Property Tax.  10. Name and Address of New Registered		
Name and Address of Current Registered Agent						10. Name and Address of Non-Kogisteros	· rigothi	
GALLO, MARK								
1387 N. MILITARY TRAIL				Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33409			83					
Was I want a second								
			84	City		FI	85  Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					corpor	ation submits this statement for the purpose of	f changing its	s registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	orized by	the corpo	ration	's board of directors. I hereby accept the appo	ointment as re	egistered
agent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Fibrida	Siatutes	·.				•
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Age	nt signature re	v benupe	when reinstating) . DATE		
12.	OFFICERS AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р	☐ DELETE	1.1 TITLE		S		☐ Change	Addition
NAME	GALLO, MARK		1.2 NAME	}	GΑ	LLO, MICHELLE		j
STREET ADDRESS	ET ADDRESS 557 S. COUNTRY CLUB DRIVE 1.3 S		1.3 STREET ADDRESS 55		55	7 S. COLUTRY CLUB DRIVE LANTIS FL. 33462		ļ
CITY-ST-ZIP	7112 11110 12 00 102				AT	LANTIS FL. 3546Z	r=1 a:	- Addison
TITLE		☐ DELETE	2.1 TITLE	}			Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS	RESS 2.3 S		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				- Addition
TITLE			31 TITLE			• • • • • • • • • • • • • • • • • • • •	Change	☐ Addition
NAME			3.2 NAME	,				Ì
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		□ oc: 575	3.4. CITY-	ST-ZIP			Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE				Cuande	
NAME			4,2 NAME	i				l
STREET ADDRESS				TADDRESS		·		ĺ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	ST-ZIP			☐ Change	Addition
TITLE		Ü DELE1E	5.1 TITLE 5.2 NAME				Containge	
NAME			ŀ	T ADDRESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-160	····-		Change	Addition
TITLE			6.2 NAME					
NAME								ı

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 only an attacyment with an address, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS