## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DIVISION DI VISION DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DI VISION DIVISION DIVISIONI DIVISION DIVISION DIVISION DIVISION DIVISIONI DIVISI

JWT/PPA, INC.

## FILED Apr 29, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				- I IEDISÉEM IIM AINDI SIDOR IISIM INIIA NIII NIIA	, BIBIL PIBIL BIBIL BI	
2300 CORP. BLVD. N.W. 2300 CORP. BLVD. N.V								
SUITE 238 SUITE 238				DO NOT WRITE IN THIS SPA		IS SPACE		
BOCA RATON FL 33431 BOCA RATON FL 33431						3. Date Incorporated or Qualifed		
						06/21/1991		
2. Principal P	lace of Business	2a. Mailing Address		_		4. FEI Number	Apr	plied For
21		26				65-0278781		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Red	<u>-</u>
City & Stat	le ·	City & State				6. Election Campaign Financing Trust Fund Contribution	**************************************	
Zip	Country	Zip		untry		8. This corporation owes the current year		3,000
<u> </u>	25 29 30			, ´ l		Personal Property Tax.		□No
24	9. Name and Address of Currer			Τ		10. Name and Address of New Registere	d Agent	
				81	Name			
GRA	GG, K. LAWRENCE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
WHITE & CASE								
	S. BISCAYNE BLVD., SUITE 490	0		83		•		
MIAN	WI FL 33131			84	City		. 85 Zip C	Code
	· _ ·		T	Ш		F		
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	)2 and 607.1508, Florida Sta of Florida, Such change wa:	tutes, the a s authorize	above d by	e-named corpo the corporation	pration submits this statement for the purpose n's board of directors. I hereby accept the app	or changing its ointment as reç	jistered
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, I	Florida Stat	tutes				
SIGNATURE		A John Wasserson	TE. Pagistara	4 8 7 7 7	t signature required	when reinstating) DATE		i.
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	<u> </u>	r signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE	P DELETE		1.1 Ti	1.1 TITLE			Change	☐ Addition
NAME	TEMPLE, JOHN W		1.2 N	IAME	j			, ];
STREET ADDRESS		}	1.3 S	TREET	ADDRESS			} ;
CITY-ST-ZIP	BOCA RATON FL		1.4 0	ITY-S!	r-ZiP	· · · · · · · · · · · · · · · · · · ·		
TITLE	S	☐ DELETE	, 2.1 T	πLE			Change	Addition
NAME	LIVELY, DIANE		2.2 N	AME				•
STREET ADDRESS	2300 NW CORPORATE BL #2	38	2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.40		T. 7ID		,	
TITLE							Change	Addition
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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.

SIGNATURE:

IGNATURE AND TYPED OF PRINTED NAME OF GIGINING OFFICER OF DIRECTOR

1-22-99 561

541-997-8841 Daytime Phone #

:R2E034 (11/98