

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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90051 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000025406

1. Corporation Name
PHP HOLDINGS, INC.



Principal Place of Business: ~~777 S HARBOUR ISLAND BLVD SUITE 300 TAMPA FL 33602 US~~
 Mailing Address: ~~777 S HARBOUR ISLAND BLVD SUITE 300 TAMPA FL 33602 US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1410 N WESTSHORE BLVD SUITE 200 CITY & STATE: TAMPA FL ZIP: 33607**
 2a. Mailing Address: **1410 N WESTSHORE BLVD SUITE 200 CITY & STATE: TAMPA FL ZIP: 33607**

3. Date Incorporated or Qualified: **03/30/1995**
 4. FEI Number: **65-0569629**
 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent:
**FERNANDEZ, MICHAEL B
 2333 PONCE DE LEON BOULEVARD
 SUITE 303
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MICHAEL B	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD., STE 303	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	33134
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, PETER	2.2 NAME	
STREET ADDRESS	777 S HARBOUR ISLAND BLVD., SUITE 300	2.3 STREET ADDRESS	2333 PONCE DE LEON BLVD; STE 303
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRED W.	3.2 NAME	
STREET ADDRESS	777 S HARBOUR ISLAND BLVD., SUITE 300	3.3 STREET ADDRESS	1410 N WESTSHORE BLVD; STE 200
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	33607
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, GEASAR	4.2 NAME	ROBERT KOEPPPEL
STREET ADDRESS	2333 PONCE DE LEON BLVD #303	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	33134
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOVER, JIM	5.2 NAME	RICK STOWE
STREET ADDRESS	2333 PONCE DE LEON BLVD #303	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	33134
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDEL MD, ROGER	6.2 NAME	KEN MELKUS
STREET ADDRESS	2333 PONCE DE LEON BLVD., #303	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	33134

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: [Signature] DATE: 3/31/99 TIME: 8:29-8:31

CR2E034 (11/98)