

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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012959 (2)

1. Corporation Name
CPN/PPO, INC.



Principal Place of Business 2200 CORPORATE BLVD NW SUITE 314 BOCA RATON FL 33431	Mailing Address 2200 CORPORATE BLVD NW SUITE 314 BOCA RATON FL 33431-7307
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3. Date Incorporated or Qualified 12/18/1992	3a. Date of Last Report 04/23/1996
4. FEI Number 65-0378202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1025 NW 17 th Ave Suite, Apt. #, etc. 22 City & State 23 DELRAY BEACH FL 24 Zip 33445 Country USA	2a. Mailing Address 25 1025 NW 17 th Ave Suite, Apt. #, etc. 26 City & State 27 DELRAY BEACH FL 28 Zip 33445 Country USA
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9. Name and Address of Current Registered Agent FABRIZI, MICHAEL 2200 CORP. BLVD. NW SUITE 314 BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name MICHAEL FABRIZI 82 Street Address (P.O. Box Number is Not Acceptable) 1025 NW 17 th Ave 83 84 City DELRAY BEACH FL 85 Zip Code 33445
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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 

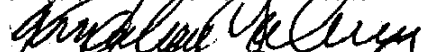
(NOTE: Registered Agent signature required when reinstating)

DATE 4/17/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRIZI, MICHAEL J	1.2 NAME	
STREET ADDRESS	2200 CORPORATE BLVD NW SUITE 314	1.3 STREET ADDRESS	1025 NW 17 th Ave
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:



4/17/97 8002723647

CR2E034 (9/96)