

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000085855 (2)

1. Corporation Name

AMERICA'S PPO CONNECTION, INC.

Principal Place of Business

3452 LAKE LYNDA DRIVE
SUITE 335
ORLANDO FL 32817

Mailing Address

3452 LAKE LYNDA DRIVE
SUITE 095-361
ORLANDO FL 32817

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 125 Front Street

2a. Mailing Address

26 2001 Harbor Ave

4. FEI Number

59-3283347

Applied For

Not Applicable

5. Certificate of Status Desired

FL

\$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

22 City & State

23 Massapequa Park

27 City & State

28 Lake Success NY

24 Zip

11762

Country

29 Zip

11042

Country

30

9. Name and Address of Current Registered Agent

MARKSON, LAWRENCE T
2565 NW 59TH STREET
BOCA RATON FL 33496

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

(If you are the registered agent, sign and print name and title)

(If you are not the registered agent, sign and print name and title)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY-ST-ZIP

D
MARKSON, LAWRENCE T
2565 NW 59TH STREET
BOCA RATON FL 33496

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY-ST-ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY-ST-ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY-ST-ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY-ST-ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY-ST-ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY-ST-ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY-ST-ZIP

12.32 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

13.5 TITLE

☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-ST-ZIP

13.9 TITLE

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-ST-ZIP

13.13 TITLE

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-ST-ZIP

13.17 TITLE

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-ST-ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-ST-ZIP

13.25 TITLE

☐ Change ☐ Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-ST-ZIP

13.29 TITLE

☐ Change ☐ Addition

14. I hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(b), Florida Statutes. I further certify that the information and data in this filing are not for supplemental annual report or true and accurate and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the manager or person empowered to execute the report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

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