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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000041202 (9)
1. Corporation Name

PPO PARTNERS, INC.

Principal Place of Business	Mailing Address
7990 SW 117 AVENUE MIAMI, FL 33183	7990 SW 117 AVENUE MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/25/95

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	**26**	**65-0585027**	Not Applicable
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip **24**	Country **25**	Zip **29**	Country **30**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
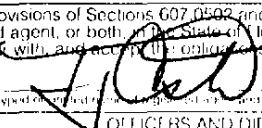
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Grossman, William 7990 SW 117 Avenue Miami, FL 33183	**81** Name Castro, Antonio **82** Street Address (P.O. Box Number is Not Acceptable) 7990 SW 177 Avenue **83** **84** City Miami, FL **85** Zip Code 33183

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 _____ (Signature typed or printed name of Registered Agent if applicable) (NOTE: Registered Agent signature required when reinstating)   March 9, 1998   DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME Hilliard, WJ STREET ADDRESS 3100 Ams Blvd CITY-ST-ZIP Greenbay, WI 54313	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME Grossman, William STREET ADDRESS 7990 SW 117 Avenue CITY-ST-ZIP Miami, FL 33183	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE D NAME Choate, Gail STREET ADDRESS 1500 NW 49 Street Suite 402 CITY-ST-ZIP Ft. Lauderdale, FL 33309	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	200002488852 -04/15/98--01006--011 ***158.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PE 4.14	☐ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   March 9, 1998 (305) 595-4040 X 1007   Date   Daytime Phone #