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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V28687**1. Corporation Name

ALL FLORIDA PPO, INC.

Principal Place	of Business	Mai	iling Address			•		110	6 }1 0 14 0 18 11			191 B(B)) B/	All Dieti Albii	MINIA MEMILUMAN
351 S CYPRESS ROAD		351	351 S CYPRESS ROAD											
SUITE 303			SUITE 303					DO NOT WRITE IN THIS SPACE						
POMPANO BEACH FL 33060 US		POM US	POMPANO BEACH FL 33060				<u> </u>	3. Date Incorporated or Qualified						
US		•						04/15/						
2 Principal Pl	ace of Business	2a.	Mailing Address				4	1. FEI Nur					A	pplied For
21	000 St 200002	26	•					65-03	30272				1	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifca	te of Stat	us Desire	ed []	• -	Additional
22		27												tequired
City & State	9		City & State				6	6. Election	,	_	ing [כ	•	May Be to Fees
23		28	7:-		untry				und Cont		ourront	vone inte		1 to Fees
Zíp —ı	Country	 1	Zip	30	шниу		1	8. This cor	rporation al Proper		current	year mu	angible ∐Yes	XNo
24	9. Name and Address of Cu	rrent Regist	rered Agent	30	T-		10	0. Name a	<u>.</u>		ew Reg	istered .	Agent	
	5. Name and Address of our	irent negion	order rigeria	-	81	Name			•					
WATI	KINS, REGINALD W.				82	Ctroot	Addross	(P.O. Box	Number	ie Not Acr	rentable	1		
550	S.E. THIRD AVENUE				62	Street	Address	(P.O. BOX	Number Sold to	is NOT ACC	- Coptable	9 85 5 1 <u>7</u>	5 - 3504 / 12	de la tratta de la colonia
POM	PANO BEACH FL 33060				83	***		٠,		t,	7	N. 3. ,		
					84	City		11	1 4 24 4		***	100	85 Zir	Code
						•						<u>FL</u>	. ` •	
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11. Pursuant	to the provisions of Sections 607.	.0502 and 60	7.1508, Florida Stat	utes, the	above	-named	corporati	board of d	irectors	tement for Lhereby a	r the pu	rpose of ne appoi	changing i ntment as	egistered
office or re	agictored agent or both in the SI	tate of Fiorina	a: Such change was	auunonze	יע טט	いたくいと	corporati pration's	board of d	irectors.	tement tor I hereby a	r the pu accept to	rpose of ne appoi	changing in ntment as	egistered
office or re agent. I a	to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the ob	tate of Fiorina	Section 607.0505, F	Florida Sta	ed by etutes.		Siauon a	Doard or o		tement for I hereby a	r the pu		changing intment as	egistered
office or re agent. I a	egistered agent, or both, in the St m familiar with, and accept the ob Signature, typed or printed name of registered	tate of Florida bligations of, d agent and title if	Section 607.0505, F	TE: Registere	ed by etutes.		Siauon a	n reinstating)				DATE		
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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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP