FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48504 (7)

1. Corporation Name

CLEAR CHOICE, INC.

Principal Place of Business	Mailing Address
9600 4TH STREET NORTH SUITE 110 ST. PETERSBURG PA 33702	SCOTT PLAZA TWO SUITE 110 PHILADELPHIA PA 19113 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1992
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-3155263 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

	Principal Place of Business	Mailing Address
2. / 2a.		Scott Plaza Two
Suite, Apt. #, etc.		Suite 325
City & State		Philadelphia, PA
Zip / Country		19113 / USA

9. Name and Address of Current Registered Agent

AVICOLLI, BARBARA
9600 4TH STREET NORTH
SUITE 110
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D/C	☒ Change ☐ Addition
NAME	ROBINSON, NORMAN	12 NAME		
STREET ADDRESS	423 WASHINGTON AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	CHISELHURST NJ	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KLINE, NEIL A	22 NAME		
STREET ADDRESS	6431 WOODLAND BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL	24 CITY-ST-ZIP		
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, SHEILA DR.	32 NAME		
STREET ADDRESS	6024 OLD MILL COURT	33 STREET ADDRESS		
CITY-ST-ZIP	SEVERN MD	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	PHILYAW, KATHY	42 NAME	FREDERICK HOUSE	
STREET ADDRESS	905 2ND STREET	43 STREET ADDRESS	131 CLAHOR AVE.	
CITY-ST-ZIP	ALEXANDRIA VA	44 CITY-ST-ZIP	TRAPPE, PA 19426	
TITLE	DCEO	51 TITLE	P	☒ Change ☐ Addition
NAME	EBERWEIN, WILLIAM J SR.	52 NAME		
STREET ADDRESS	401 EAST NEW STREET	53 STREET ADDRESS		
CITY-ST-ZIP	GLASSBORO NJ 08028	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KEELS, CHRISTINE	62 NAME		
STREET ADDRESS	20 MILLSTONE RD	63 STREET ADDRESS		
CITY-ST-ZIP	RANDALLSTOWN MD	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Clark 4/7/95 610-521-6270
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

William J Eberwein 4-7-95 610-521-6270

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