## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT** 

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000068276	(3)
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## CHOICE REFERRAL SERVICES, INC.

Principal Place of Business Mailing Address								
1412 57TH ST. E. P.O. BOX 157 N/A BRADENTON FL 34208 US P.O. BOX 157 N/A BRADENTON FL 34206-0157 US								
		BRADENTON	BRADENTON FL 34206-0157		3. Date Incorporated or Qualified 09/27/1993			
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number 65-0444451		Applied For Not Applicable
Suite, Apt. #, etc Suite			Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	34	Country 0		8. This corporation has liability for Florida Statutes	Yes 🗌	No
	9. Name and Address of Curre	nt Registered Age	nt .	81	Name	10. Name and Address of New Re	gistered A	gent
	rry, gregory b			[8]	Name			
1412 57TH ST. E. N/A Bradenton Fl. 34208			82 Street Add		dress (P.O. Box Number is Not Acceptable)			
27 W				84	City		FL	85 Zip Code
44 D	to the provinces of Costions 607 OF	02 and 607 1508 5	Iorida Statutos	the above	-named corr	poration submits this statement for the p	uroose of c	hanging its registered
office or re agent 1 a	egistered agent, or both, in the State in familiar with, and accept the oblig	s of Florida, Such el	hande was auft	harized by	the coroorat	ion's board of directors. I hereby accep	t the appoir	itment as registered
SIGNATURE	Signature, typea or printers name of registered as		(NOTE F		ent signature requ	-red when relocating	DATE	DIDECTORS IN 10
12.		ND DIRECTORS	DELETE.	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	Change Addition
TITLE NAME	PVTS Perry, Gregory B	<u></u>	j OLCCIL	1 2 NAME			L	
STREET ADDRESS	1412 57TH ST. E				T ADDRESS			
CITY - ST - ZIP	BRADENTON FL			1.4 CITY :	ST - ZIP		<b></b>	
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NAME				2.2 NAME				
STREET ADDRESS					I ADORESS			
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CITY-ST-ZIP				54 CITY-				
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NAME				6 2 NAME	ļ			
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CITY - ST - ZIP				6 4 CITY -	SI-ZIP		440.07/03/	
						and the share an expension Continue		

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 1 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 it 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 Brock 12 or Block 13 if changed, or on an attachment with an address SIGNATURE: STATUS PLAN GRECONY B. PERRY 8-1-96 941-749-0206

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