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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000068276

CHOICE REFERRAL SERVICES, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90060 032 ***150.00

| 11 |
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| |

| | | Mailing Address | | i immiradet sed entañ estas deste deste anese anise | ALIEL INICA 11811 | INGIN BILL ING. | |
|--|---|--------------------------------------|--|---|-------------------------------|--------------------------|--|
| Principal Place | | • | | | | | |
| 1412 57TH ST. | E. | P.O. BOX 157 | | | | | |
| N/A N/A N/A RPADENTON EL 24209 RPAD | | nya Bradenton FL 34206-0157 | | DO NOT WRITE IN THIS | DO NOT WRITE IN THIS SPACE | | |
| BRADENTON FL 34208 BRADENTON FL 34206-0157 US US | | | 3. Date Incorporated or Qualifed | | | | |
| | | | | 09/27/1993 | | Ì | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Ap | plied For | |
| 21 | | 26 | | 65-0444451 | No | t Applicable | |
| Suite, Apt. | # etc | Suite, Apt. #, etc. | | | \$8.75 | | |
| 22 | ,, 0.0. | 27 | | 5. Certifcate of Status Desired | Fee Re | i | |
| City & Stat | | City & State | | 6. Election Campaign Financing | \$5.00 | May Re | |
| 23 | | 28 | | Trust Fund Contribution | Added t | | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year in | | | |
| - | 25 | 29 30 | 7 | Personal Property Tax. | Yes | □No | |
| 24 | 9. Name and Address of Currer | | <u>^</u> | 10. Name and Address of New Registered | Agent | | |
| | 5. Italie and Address of Suffer | in registered rigent | 81 Name | | | | |
| WAL | .SH, E | | | PRECORY B. PERRY | | | |
| | 2 57TH ST E | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| N/A | | | 83 | 412 57 I Sit. | | | |
| | DENTON FL 34208 | | | | | ! | |
| Dith | DENTOIT IE 34200 | | 84 City | SRADENTON FL | 85 Zip (| Ode 798 | |
| | | | | • | | | |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statutes, | the above-named or | orporation submits this statement for the purpose o ation's board of directors. I hereby accept the appo | changing its intment as re | registered gistered | |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0505, Florida | a Statutes. | | | | |
| SIGNATURE | Stephy 13, Her | M GREGORY D. 1 | NERRY | 28-APR- | 77 | | |
| OIGHA (OILE | Signature, types or Moded harne of registered age | | gistered Agent signature rec | | | | |
| 12. | , | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | | Addition | |
| TITLE | PVTS | ☐ DELETE | 1.1 TITLE | GREGORY B. PERRY | ⊠ Change | Addition } | |
| NAME | PERRY, GREGORY B | | 1.2 NAME | 1412 57 TH ST. E. | | | |
| STREET ADDRESS | 1412 57TH ST. E | | 1.3 STREET ADDRESS | 1412 372 31, 21 | | | |
| CITY-ST-ZIP | BRADENTON FL | | 1.4 CITY-ST-ZIP | BRADENTON, FL 34208 | | | |
| TITLE | PVTS | ☐ DELETE | 2.1 TITLE | | Change | Addition | |
| NAME | WALSH, E | | 2.2 NAME | | | | |
| STREET ADORESS | 1110 STT1 OT S | | 23 STREET ADDRESS | | | | |
| CITY-ST-ZIP | BRADENTON FL 34208 | | 2. 4 CITY-ST-ZIP | | _ | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change | ☐ Addition | |
| NAME | | | 3.2 NAME | | | ł | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| | | | 3.4. CITY-ST-ZIP | | | ļ | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | · | Change | Addition | |
| | | | 4, 2 NAME | | | _ | |
| NAME | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | ļ | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | Change | □ Addition | |
| TITLE | 1 | | 5.1 TITLE | | Change | Addition | |
| NAME | | ☐ DELETE | | | | | |
| OTDEET LOCKERS | | ☐ DECETE | 5.2 NAME | | | } | |
| STREET ADDRESS | | ☐ DELETE | 5.2 NAME 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP | | | | |
| | | ☐ DELETE | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP | · · | | 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME | | ☐ Change | ☐ Addition | |
| CITY-ST-ZIP | | | 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | ☐ Change | ☐ Addition | |

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, with all other like empowered.

SIGNATURE:

28-APR-19

94-147-2045