04-30-1999 90079 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000085657
4 Comparation Name	1 000000000

MEGACHOICE, INC.

Principal	Place	of Bu	siness

Mailing Address

TWO ADALIA AVENUE SUITE 706

TWO ADALIA AVENUE SUITE 706

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TAMPA FL 33606-3335	TAMPA FL 33606-3335				
			DO NOT WRITE IN TH	IS SPACE	
			3. Date Incorporated or Qualifed		
			10/06/1998		
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For	
21	26		59-3555830	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 24 25	Zip 29	Country 30	This corporation owes the current year I Personal Property Tax.	ntangible ☐ Yes ☑Ño	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
JAMES, GEORGE R		81 Name			
4230 S. MACDILL AVE. SUITE K		82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33611		83			
		84 City	F	85 Zip Code	

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

-5*					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	legistered Agent signature required who	en reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTO			
TITLE	D DELETE	1,1 TITLE		☐ Change	☐ Addition
NAME	GRAY, WAYNE R	1.2 NAME			
STREET ADDRESS	TWO ADALIA AVENUE SUITE 706	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606-3335	1,4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS	•	2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u> </u>		
TITLE	☐ OELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY+ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		4, 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS	·		
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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.