FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000099513 (9)

SENSIBLE CHOICES, INC.

FILED Apr 28 1997 8:00am Secretary of State



					8 8 18 18 18 18 18 18 18 18 18 18 18 18
Principal Place of Business Mailing Address					A DIS 40 118 10 101 0 1101 11930 1111 1901
5009 RIO VISTA AVE WEST 5009 RIO VISTA AVE WEST TAMPA FL 33634-5321					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/09/1996	12/31/95
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2165 SUNNYDALE BLVD, 26 SAME				59-3328285	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional	
SUITE I 27				5. Certificate of Status Desired	Fee Required
1= * * * * * * * * * * * * * * * * *		City & State		6. Election Campaign Financing	\$5.00 May Be
23 CLEARWATER, FL. 28				Trust Fund Contribution	Added to Fees
Zip 3.4	Country	Zip	Country	8. This corporation has liability for	
24 34	625 25 U.S.A.	29 3	[0]		Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
	NAR, DAN	DAN MOLNAR			
5009 RIQ VISTA AVE., WEST			B2 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA PL 33634			2165 SUNNYDALE BLVD.		
			63	SUITE I	
			84 City		■■ 85 Zip Code
			<u> </u>	CLEARWATER	FL 34025
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE DAN, MOLNAR, PRESIDENT Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE					
12.	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	MOLNAR, DAN		1.2 NAME		* '
STREET ADDRESS	20505 U.S. HWY 19 N, SUITE 12	2-296	1.3 STREET ADDRESS	MOLNAR, DAN	
CITY-ST-ZIP	CLEARWATER FL 34624		1.4 CITY - ST - ZIP	2165 SUNNYDALE BLV) .
TITLE		DELETE	2.1 TITLE	GUTOD T	Change Addition
NAME			2.2 NAME	SUITE I	
STREET ADDRESS			2.3 STREET ADDRESS	CLEARWATER, FL, 346	525
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		<u> </u>
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		☐ DELFTE	5.1 T(TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		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		
THE LAND	by andify that the information appointed t	والمراجع ومسام مسام مسالية ماماه ماوارد	f	tated in Contine 110 07(0)() Finding Chat the	2 1 4 mag 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Information indicated on this annual report or supplies whithing does not quality 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 addition.