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 16 MEINSTAFE; \$375.)			
PROFIT		+	<u>5.)</u>
CORPORATION	(2)	ITMENT OF STATE 3. Mortham	
ANNUAL REPORT		ry of State	
1996 DIVISION OF CORPORATIONS			FILED
1. 1. 5.00 1.11			
DOCUMENT # # 65 114			96 NOV 12 AM 10: 16
FREEDOM OF CHOICE REALLY, INC			SECRETARY OF STATE
1. Corporation Name FREEDOM OF CHOICE REDHY, INC AMENDMENT Principal Place of Business Million Address			TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address			
EN & CLAR ROADE	Mailing Address		
591 So State ROADES 541 So State BADES			
MARCHE A 38:368-1711 MARCHE A 33368 -			8
MARCHIEF ISSUE IN INCHES			3. Date Incorporated or Qualified 3. Date of Last Report 3. Date of Last Report 3. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4, FEI Number Applied For
Suite, Apt. #, etc.	26		59 198 2706 Not Applicable
22	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing - \$5.00 May Re
Zip Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24 25		30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
g, Name and Address of Current			10. Name and Address of New Registered Agent
32 1 1 1 Name			
2323 NW 8249 7	terr	82 Street	Address (P.O. Box Number is Not Acceptable)
Flade Pl. 3	3067	83	
Proper (in)		84 City	
			FL 85 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			
agerit. I arm ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	required when reinstating} DATE
12. OFFICERS AND	DIRECTORS	13. 1.1 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME SOOTIAL WE	HAP R	1.2 NAME	M. Change Addition of
STREET ADDRESS 7373 N W 87	terace	1.3 STREET ADORESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 M. Change Addition & Solve & f MARCHE PL 3268 MII
CITY-ST-ZIP 136EX LANG (2)	533	1.4 CITY-ST-ZIP	MARCHE PL 33068 MII &
TITLE NAME	DELETE	2.1 TITLE	4000020074644
STREET ADDRESS		22 NAME 23 STREET ADDRESS	-11/18/9601024003 *****61.25 *****61.25
CITY-ST-ZIP		2 4 CITY - ST-ZIP	**************************************
TITLE	DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADORESS 3.4. CITY - ST - ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS : CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		5.2 NAME	, (
STREET ADDRESS		5.3 STREET ADORESS	$\mathcal{M}_{\mathcal{O}}$
CITY-ST-ZIP TITLE	DELETE	5.4 CITY-ST-ZIP	- In the second
NAME		6.1 TITLE 6.2 NAME	Change L Addition
STREET ADDRESS		63 STREET ADDRESS	the IV
CITY-ST-ZIP	30. 4. 1. Ph	6.4 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 agrued report or supplemental annual report is true and accurate and that my significant shall have the same legal effect as if made under oath; that I am an office or director of the opinoration for the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Black 2 or Block 13 if changed, or of an attachment with an address.			
made under oath; that I am an officer or director of that my name appears in Block 12 or Block 13 if c	or ing corporation for the receive changeti, or on an attachment	er or trustee empowe with an address	ered to execute this report as required by Chapter 617, Florida Statutes, and
SIGNATURE: W TOTAL H.T. Bockley 7/7/96 954 977 770			
SIGNATURE: SIGNATURE: BUCKUSCO / 190 954 772 770 Date Dayline Priore /			
- ()			I I