FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State 1995 DIVISION OF CORPORATIONS DOCUMENT # **F83928** (4)INVESTORS CHOICE FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 600 BYPASS DR 600 BYPASS DR., STE 210 CLEARWATER, FL **STE 210** DO NOT WRITE IN THIS SPACE. LARGO FL 34624 LARGO FL 34624 3. Date incorporated or Qualified 3a. Date of Last Report 06/03/1982 06/30/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-2198007 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Zρ Country This corporation has liability for intangible tax under S. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BADGER, BERKLEY 82 Street Address (P.O. Box Number is Not Acceptable) 600 BYPASS DR **STE 210** 83 **CLEARWATER FL 34624** City Zio 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signifure, typed or printed rume of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIRE 1. 1 TITLE Change BADGER, BERKLEY C MAME 1.2 NAME 324 WESTGATE RD STREET ADDRESS 1.3 STREET ADDRESS TARPON SPGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Chance Addition HAME 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY+ST-ZIP TITLE 4.1 TITLE Addition MALUE 42 NAME STREET ADDRESS **4.3 STREET ADDRESS** CITY-ST-ZIP 4.4 CITY+ST+ZIP THE 5.1 TITLE Addition PARTE 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-SI-ZIP 5.4 CITY-ST-ZIP 11111 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

14. I do heroby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the examption stated in Section 119.07(3)(a), Florida Statutes, I further certify that the information inclicated on this answal report or supplemental annual apport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 50 and interesting with an address.

64 CITY+ST+ZIP

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