

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000429 (7)

1. Corporation Name  
CHOICING, INC.

Principal Place of Business  
10000 GATE PKWY N., #1414  
JACKSONVILLE FL 32246

Mailing Address  
10000 GATE PKWY N., #1414  
JACKSONVILLE FL 32246



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1579 HARRINGTON PARK DR. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/27/1997	
22 City & State 23 JACKSONVILLE, FL		27 City & State 28 JACKSONVILLE, FL		4. FEI Number 22-3449310	
24 Zip 32225		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 32225		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 32225		29 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KOPERSKI, SARA J 10000 GATE PKWY N., #1414 JACKSONVILLE FL 32246				10. Name and Address of New Registered Agent 81 Name SARA JANE KOPERSKI 82 Street Address (P.O. Box Number is Not Acceptable) 1579 HARRINGTON PARK DRIVE 83 84 City JACKSONVILLE, FL 85 Zip Code 32225	

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.

SIGNATURE *Sara Jane Koperski*

3/5/98

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDC <input type="checkbox"/> DELETE	1.1 TITLE	(PRESIDENT) PYTDC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPERSKI, SARA J	1.2 NAME	SARA JANE KOPERSKI
STREET ADDRESS	10000 GATE PKWY N., #1414	1.3 STREET ADDRESS	1579 HARRINGTON PARK DRIVE
CITY-ST-ZIP	JACKSONVILLE FL 32246	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAGNA, JOHN	2.2 NAME	
STREET ADDRESS	168 LEIGH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLINTON NJ 08809	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Sara Jane Koperski* SARA JANE KOPERSKI 3/5/98 904-221-6000

CR2E034 (10/97)