03-06-1999 90076 032 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

 Corporation 	ORS CHOICE GROUP, INC				
Principal Place	e of Business	Mailing Address		T LEGILITA BIBO (1210 BIID) BIIDI BIIDI II BIDI BIDI BIDI BID	BIBLE BIBLE 1681
600 BYPASS DR STE 210 CLEARWATER FL 34616		600 BYPASS DR STE 210 CLEARWATER FL 34624 US		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed 10/01/1986	•
2 Principal P	lace of Business	2a. Mailing Address			pplied For
21		26		59-2757122 N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5 Cortificate of Status Desired S8.75	Additional equired
City & State		City & State	-	1	May Be
Zip Zip Zip Zip		Zip 72 7/1/L	Country	8. This corporation owes the current year Intangible Personal Property Tax.	□No
24 55	9. Name and Address of Cure		30	10. Name and Address of New Registered Agent	
	3. Name and Address of Cult	ent Registered Agent	81 Name	10.	
BADGER, BERKLEY C.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
600 BYPASS DR				<u> </u>	
STE 210 CLEARWATER FL 34624			83		l
CLEA	ANWAIEN FL 34024		84 City	FL 85 Zip	Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such change was au	thorized by the corporati	poration submits this statement for the purpose of changing it ion's board of directors. I hereby accept the appointment as re-	s registered egistered
SIGNATURE			Registered Agent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered a	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12
TITLE	CEO	☐ DELETE	1.1 TITLE	Change	Addition
NAME	BADGER, BERKLEY C.		1.2 NAME	•	ł
STREET ADDRESS	324 WESTGATE RD		1.3 STREET ADDRESS	-	1
CITY-ST-ZIP	TARPON SPGS FL		1.4 CITY-ST-ZIP	34689	
TITLE		☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME			2.2 NAME		Í
STREET ADDRESS			2.3 STREET ADDRESS		[
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		j
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP	Change	Addition
TITLE		C. DELETE	4.1 TITLE		
NAME			4, 2 NAME 4,3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP	·	ļ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	Change	☐ Addition
NAME			5.2 NAME		1
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 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.

6.4 CITY-ST-ZIP

SIGNATURE: