

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K01926 (0)**
1. Corporation Name
CHOICE ENCOUNTERS, INC.



Principal Place of Business
**141 8TH AVE
INDIALANTIC FL 32903
US**

Mailing Address
**520 N. HARBOR CITY BLVD
MALBOURNE FL 32935
US**

3. Date Incorporated or Qualified
11/09/1987

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2926564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 **520 N HARBOR CITY BLVD**

Suite, Apt. #, etc.

22 City & State
23 **MELBOURNE FL**

Zip Country
24 **32935** 25

2a. Mailing Address
26 Suite, Apt. #, etc.

27 City & State
28

29 Zip Country
30

9. Name and Address of Current Registered Agent

**KEY-ABEL, SANDY
2442 CARRIAGE COURT
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name **STEVE ABEL**

82 Street Address (P.O. Box Number is Not Acceptable)
2442 CARRIAGE COURT

83

84 City **INDIALANTIC** FL 85 Zip Code **32903**

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, to 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

[Signature]

STEVEN S. ABEL

4/29/96

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
P	RIFKIN, RICHARD R.	285 CINNAMON DRIVE	SATELLITE BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETED
P	STEVE ABEL	2442 CARRIAGE COURT	INDIALANTIC, FL 32903	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN S. ABEL

4/29/96 407-255-7539
Date Daytime Phone #

CR2E034 (12/95)