

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K13637** (9)
1. Corporation Name
EASY CHOICES, INC.



Principal Place of Business 617 NW 109TH AVENUE PEMBROKE PINES FL 33026 US	Mailing Address 617 NW 109TH AVENUE PEMBROKE PINES FL 33026-4055 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1988	3a. Date of Last Report 02/15/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0025236		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

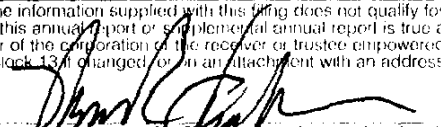
9. Name and Address of Current Registered Agent RUSSELL, SHARON L. 617 NW 109 TH AVENUE PEMBROKE PINES FL 33026				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____
Signature, typed or printed name of registered agent and flow if applicable (NOTE: In duplicate Agent signature required when re-registering) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	CHMIELEWSKI, THOMAS R.		1.2 NAME		
STREET ADDRESS	617 NW 109TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	RUSSELL, SHARON L.		2.2 NAME		
STREET ADDRESS	617 NW 19TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
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			6.4 CITY-ST-ZIP		

14. I do 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 or in an attachment with an address.

SIGNATURE:  **4/28/97 954 877 7650**

CR2E034 (9/96)