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

Mailing Address

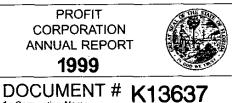
PROFIT CORPORATION ANNUAL REPORT

1999

EASY CHOICES, INC.

1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90184 016 ***150.00

617 NW 109TH AVENUE 617 NW 109TH AVENUE PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 DO NOT WRITE IN THIS SPACE JIS 3. Date Incorporated or Qualifed 02/03/1988 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0025236 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State \Box Trust Fund Contribution Added to Fees 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUSSELL, SHARON L 82 Street Address (P.O. Box Number is Not Acceptable) 617 NW 109 TH AVENUE PEMBROKE PINES FL 33026 83 Zip Code 84 City 85 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 applies with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change 1.1 TITLE TITLE CR2E034 CHMIELEWSKI, THOMAS R. 12 NAME NAME 617 NW 109TH AVENUE 1.3 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE 2.2 NAME RUSSELL, SHARON L. NAME 617 NW 19TH AVENUE 2.3 STREET ADDRESS STREET ADORES PEMBROKE PINES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETÉ 3.1 TITLE ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 suppliedental 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 510 orthogod go on an attachment with an address, with all other like empowered. Block 12 or Block

SIGNATURE:

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #