

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT -6 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 24582

1. Corporation Name

CONSUMER'S CHOICE INS, INC.

Principal Place of Business

Mailing Address

6690 FIESTA WAY
FT. MYERS, FL 33919

6690 FIESTA WAY
FT. MYERS, FL
33919

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		1988		1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0048917		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution			
24		29		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
Country		Country					
25		30					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROCHELLE E. EVANS 6690 FIESTA WAY FT. MYERS, FL 33919				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: Rochelle E. Evans DATE: 9-16-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		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 if changed, or on an attachment with an address.

SIGNATURE: Rochelle E. Evans DATE: 9-16-97 TELEPHONE: 941-481-8808

CR2E034 (9/96)

9-19-97

(1)

To: Leslie Sellers
From: Rochelle Covars

Ref. K 24582 - Consumers Choice Ins, Inc.

As per our telephone conversation,
thank you for sending me my
annual report form.

The reason I did not file the
report by May 1, 1997, is because
I never received one.

The reason it was not received,
as per checking my address on your
computer, is because it was sent to
my old address, 12938 Meadowood Ct
St. Myers, Fl. 33919

I never received it and that is
why I called your office, to
ask where the form was.

Enclosed is my check for \$165.00
any problem pls call me 1-941-481-8808.
Thank you,

Rochelle C. Covars

NEW YORK

1690 E. 10th Ave