

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K37583  
1. Corporation Name  
CHOICE FUNDING CORPORATION

(7)

Principal Place of Business

6971 N. FEDERAL HWY  
#300  
BOCA RATON FL 33482

Mailing Address

6971 N. FEDERAL HWY  
#300  
BOCA RATON FL 33482

2. Principal Place of Business

21 461 E. Hillsboro Blvd.

Suite, Apt. #, etc.

22 200

City & State

23 DEERFIELD Bch FL.

Zip

24 33441

Country

25 BROWARD

2a. Mailing Address

26 461 E Hillsboro Blvd

Suite, Apt. #, etc.

27 200

City & State

28 DEERFIELD Bch. FL.

Zip

29 33441

Country

30 BROWARD

9. Name and Address of Current Registered Agent

KETCHUM, JULIE  
535 IBIS DRIVE  
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified

10/07/1988

3a. Date of Last Report

02/29/1996

4. FEI Number

65-0078366

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 owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Ketchum Julie M

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

6750 N.W. 2nd Ave. # 17

83

Boca Raton

84 City

FL

85 Zip Code

33487

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/27/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KETCHUM, JULIE M

STREET ADDRESS 535 IBIS DR.

CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

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

000002331480--0

-10/28/97--01068--001

\*\*\*\*750.00 \*\*\*\*750.00

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

Julie M. Ketchum

10/27/97

FILED

97 OCT 27 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

97aw

CR2E034 (4/97)