SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L27615** **(8)**

1. Corporation Name
G L CHOATE & ASSOCIATES INC.

Principal Place of Business	Mailing Address
1812 NW 38TH STREET FT. LAUDERDALE FL 33309	1812 NW 38TH STREET FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1989	3a. Date of Last Report: 04/11/1994
4. FEI Number: 65-0164625	☐ 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 1500 N.W. 49 St.	26 1500 N.W. 49 St
22 Suite 402	27 Suite 402
23 Ft Lauderdale, FL	28 Ft Lauderdale, FL
24 Zip 33309 25 Country USA	29 Zip 33309 30 Country USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHOATE, GAIL L. 1812 NW 38TH ST. FT. LAUDERDALE FL 33309	81 Name: Choate, Gail L. 82 Street Address, (P.O. Box Number is Not Acceptable): 1500 N.W. 49 Street 83 Suite 402 84 City: Ft Lauderdale FL 85 Zip Code: 33309

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 [illegible] 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS OR DIRECTORS		
TITLE	DP	11 TITLE	S/T	☐ Change ☒ Addition
NAME	CHOATE, GAIL L.	12 NAME		
STREET ADDRESS	1812 N.W. 38TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	NACHTWEY, DAVID L.	22 NAME		
STREET ADDRESS	1812 N.W. 38TH STREET	23 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: G L Choate 7/25/95 (305) 771-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Gail L Choate

0073884 CP