


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

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L28468** (1)  
1. Corporation Name  
**CHOICE SYSTEMS, INC.**



Principal Place of Business <b>7310 INGLESIDE DRIVE PORT RICHEY FL 34668 US</b>	Mailing Address <b>7310 INGLESIDE DRIVE PORT RICHEY FL 34668-7405 US</b>
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3. Date Incorporated or Qualified <b>11/06/1989</b>	3a. Date of Last Report <b>09/09/1996</b>
4. FEI Number <b>59-2978899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>6734 PIN CHERRY LN</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>6734 PIN CHERRY LN</b> Suite, Apt. #, etc.
22 City & State 23 <b>PORT RICHEY, FL.</b>	27 City & State 28 <b>PORT RICHEY, FL.</b>
24 Zip <b>34668</b> Country <b>USA</b>	29 Zip <b>34668</b> Country <b>USA</b>

g. Name and Address of Current Registered Agent  <b>VENTRICE, FRANK G 7310 INGLESIDE DRIVE NEW PORT RICHEY FL 34668</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>6734 PIN CHERRY LN</b> 83 84 City <b>PORT RICHEY</b> FL 85 Zip Code <b>34668</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENTRICE, JOHN F</b>	1.2 NAME	
STREET ADDRESS	<b>R. D. 2 MEADOWBROOK RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOONTON NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VENTRICE, FRANK G</b>	2.2 NAME	
STREET ADDRESS	<b>7310 INGLESIDE DRIVE</b>	2.3 STREET ADDRESS	<b>6734 PIN CHERRY LN.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	2.4 CITY-ST-ZIP	<b>PORT RICHEY, FL. 34668</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a 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: **FRANK G. VENTRICE** 4/25/97 (813) 934-1279  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)