

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 13 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L66532** (7)

1. Corporation Name  
**CLEAR CHOICE SYSTEMS, INC.**

Principal Place of Business  
**945 LONGDALE AVE  
LONGWOOD FL 32750**

Mailing Address  
**945 LONGDALE AVE  
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE.

|                                |             |                         |             |  |  |
|--------------------------------|-------------|-------------------------|-------------|--|--|
| 2. Principal Place of Business |             | 2a. Mailing Address     |             | 3. Date Incorporated or Qualified<br><b>04/17/1990</b>   | 3a. Date of Last Report<br><b>05/01/1994</b> |
| 21                             |             | 26                      |             | 4. FEI Number<br><b>59-3020198</b>   | Applied For<br>Not Applicable                |
| 22. Suite, Apt. #, etc.        |             | 27. Suite, Apt. #, etc. |             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 23. City & State               |             | 28. City & State        |             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                               |  |
| 24. Zip                        | 25. Country | 29. Zip                 | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**CATHCART, CHRISTOPHER C.  
330 N BROADWAY AVENUE  
ORLANDO FL 32803**

10. Name and Address of Now Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>DP<br/>GEDDES, DONALD A.<br/>945 LONGDALE AVE.<br/>LONGWOOD FL</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VP<br/>ST JOHN, DENNIS<br/>945 LONGDALE AVE<br/>LONGWOOD FL</b>    | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ST<br/>WEST, SHELLEY M<br/>945 LONGDALE AVE<br/>LONGWOOD FL</b>    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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)(b), 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: Donald A. Geddes, President 3/6/95 407-830-4420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)