

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

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

95 MAY -1 PM 9:31

**DOCUMENT # M84488 (9)**

1. Corporation Name  
**SMART CHOICE, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**% MICHELLE DILKS  
2929 TALLEVAST RD  
SARASOTA FL 34243  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
**06/08/1988 06/21/1994**  
4. FEI Number Applied For  
**65-0052051 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DILKS, MICHELLE  
2929 TALLEVAST RD  
SARASOTA 34243**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL 65** 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	DILKS, MICHELLE
STREET ADDRESS	<del>2929 TALLEVAST RD.</del> ← Correct
CITY ST ZIP	SARASOTA FL
TITLE	DVS
NAME	CARNEVALE, DAN
STREET ADDRESS	5416 SIESTA COVE
CITY ST ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<del>2929 TALLEVAST RD</del> Change <input type="checkbox"/> Addition <input type="checkbox"/>
12 NAME	<del>SARASOTA, FL 34243</del>
13 STREET ADDRESS	<del>14009 WINDING RD</del>
14 CITY ST ZIP	<del>BRADENTON, FL 34203</del>
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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: *Michelle Dilks* Date: **05/11/95** Phone: **813-355-1900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *FRANK J STOTZ* MICHELLE DILKS **016 317**