

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M84488** (9)

1. Corporation Name
SMART CHOICE, INC.



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

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields for Suite, City & State, and Zip/Country.

3. Date Incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0052051
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
8. Name: **CARNEVALE, DAN**
82. Street Address (P.O. Box Number is Not Acceptable): **5416 SIESTA COVE**
84. City: **SARASOTA** FL 85. Zip Code: **34243**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	DILKS, MICHELLE	
STREET ADDRESS	2929 TALLEVAST RD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	CARNEVALE, DAN	
STREET ADDRESS	5416 SIESTA COVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CARNEVALE, DAN	
3. STREET ADDRESS	5416 SIESTA COVE	
4. CITY-ST-ZIP	SARASOTA FL 34243	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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 manager 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)