

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M97774**
Corporation Name
CHOICE REAL ESTATE, INC.

Principal Place of Business
**6 WOODLANDS DR.
PORT ST. LUCIE FL 34952**

Mailing Address
**895 WOODLANDS DR.
PORT ST. LUCIE FL 34952**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 046 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/09/1988	
26		26		4. FEI Number 65-0078377	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28		28			
Zip	Country	Zip	Country		
25		29	30		
9. Name and Address of Current Registered Agent LINEBURG, MARY FRANCES 895 WOODLANDS DRIVE PORT ST. LUCIE FL 34952				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

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.

NATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
S LINEBURG, MARY FRANCES 895 WOODLANDS DR. PT. ST. LUCIE FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
DPT LINEBURG, MARY FRANCES 895 WOODLANDS DR. PT. ST. LUCIE FL		1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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 dictated 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: **MARY FRANCES LINEBURG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/99

(561) 468-1999

Date Daytime Phone #

CR2E034 (5/99)

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