

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N48504**

(7)

1. Corporation Name

CLEAR CHOICE, INC.



Principal Place of Business

**9800 4TH STREET NORTH
SUITE 110
ST. PETERSBURG PA 33702**

Mailing Address

**SCOTT PLAZA TWO
SUITE 325
PHILADELPHIA PA 19113
US**

3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21 **2727 Ulmerton Road**

2a. Mailing Address

26 **International Plaza Two**

4. FEI Number

59-3155263

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **NationsBank Bldg #2**

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **Clearwater**

City & State

28

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Zip

24 **FL**

Country

25 **USA**

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AVICOLI, BARBARA
9800 4TH STREET NORTH
SUITE 110
ST. PETERSBURG FL 33702**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2727 Ulmerton Rd

83 **NationsBank Bldg #2**

84 City

Clearwater

FL

85 Zip Code

34622

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE
NAME **ROBINSON, NORMAN**
STREET ADDRESS **423 WASHINGTON AVENUE**
CITY - ST - ZIP **CHISELHURST NJ**

TITLE **D** ☐ DELETE
NAME **KLINE, NEIL A**
STREET ADDRESS **6431 WOODLAND BLVD.**
CITY - ST - ZIP **PINELLAS PARK FL**

TITLE **DST** ☐ DELETE
NAME **THOMPSON, SHEILA DR.**
STREET ADDRESS **8024 OLD MILL COURT**
CITY - ST - ZIP **SEVERN MD**

TITLE **D** ☐ DELETE
NAME **HOUSE, FREDERICK**
STREET ADDRESS **131 CLAHOR AVE**
CITY - ST - ZIP **TRAPPE PA**

TITLE **P** ☐ DELETE
NAME **EBERWEIN, WILLIAM J SR.**
STREET ADDRESS **401 EAST NEW STREET**
CITY - ST - ZIP **GLASSBORO NJ**

TITLE **D** ☐ DELETE
NAME **KEELS, CHRISTINE**
STREET ADDRESS **20 MILLSTONE RD**
CITY - ST - ZIP **RANDALLSTOWN MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
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)(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 officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 610-521-6270

Daytime Phone #

CR2E037 (12/95)