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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

**2727 ULMERTON RD.
NATIONSBANK BLDG. #2
CLEARWATER FL 34622
US**

Mailing Address

**INT. PLAZA TWO
SUITE 325
PHILADELPHIA PA 19113
US**



3. Date Incorporated or Qualified
04/22/1992

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

4. FEI Number

59-3155263

Applied For

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

10. Name and Address of New Registered Agent

**AVICOLI, BARBARA
2727 ULMERTON RD.
NATIONSBANK BLDG. #2
CLEARWATER FL 34622**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

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

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)