SECOND 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 # 1. Corporation Name

Principal Place of Business 1021 S ROGERS CIRCLE

BOCA RATON FL 33487

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

UNIT 5

US

P93000040867

Mailing Address

2a. Mailing Address

UNIT 5

26

27

28

29

Zip

1021 S ROGERS CIRCLE

BOCA RATON FL 33487

Suite, Apt. #, etc.

City & State

ELECTRONIC CHOICES, INC.

Country

9. Name and Address of Current Registered Agent

25

102	APIRO, STANLEY 1 S ROGERS CIRCLE			82	Street A	Address (P.O. Box Number is Not Acco	eptable)	•			
UNI	· · · -		[83							
	CA RATON FL 33487				City		FL		Zip Cod		1
office or i	to the provisions of sections 607.0502 and 607.1508 registered agent, or both, in the State of Florida. Sucam familiar with, and accept the obligations of, section	ch change was autho	onzed	by th	med corpo	orporation submits this statement for the pration's board of directors. I hereby ac	e purpose of ch scept the appoi	anging i ntment a	s regist s regist	ered ered	
SIGNATURE											
40	Signature, typed or printed name of registered agent and title if applicab OFFICERS AND DIRECTORS		tegistere 13.	ed Ager	nt signatur	re required when reinstating) ADDITIONS/CHANGES.TO	DATE OFFICERS AN	D DIRE	CTORS	: IN 12	7/00
12.	D OFFICERS AND DIRECTOR	DELETE	1.1 TITL	Ę	1	ADDITIONS/CHANGES:10	OI I ICENS AIN	Char		Addition	1 3
NAME	SHAPIRO, STANLEY	DECETE	1.2 NAM				'		90	1 110010011	4
STREET ADDRESS	1021 S. ROGES CIRCLE, UNIT 5		1.3 STR		UDESS						ROEUSA
	BOCA RATON FL 33487		1.4 CITY								6
CITY-ST-ZIP	BOOK NATON 12 33407	DELETE	2.1 TITL					Char	ne 🗀	Addition	٦ ر
NAME		DELETE	2.2 NAN	Æ	- 1		,		J		
STREET ADDRESS			2.3 STR	EET AD	DRESS						1
CITY-ST-ZIP	-		2.4 CITY	Y-ST-ZII	_P -				<u>-</u>	<u> </u>	
TITLE		DELETE	3.1 TITL	.E	j			Char	ıge ☐	Addition	
NAME		_	3.2 NAM	Æ							
STREET ADDRESS			3.3 STR	EET AD	DRESS						
CITY-ST-ZIP		Į	3.4 CITY	Y-ST-ZII	-						_
TITLE		DELETE	4.1 TITL	E				Cha	ige 🗌	Addition	
NAME			4.2 NAM	ΛĘ							1
STREET ADDRESS			4.3 STR	EET AD	DRESS						
CITY-ST-ZIP			4.4 CIT	Y-ST-ZI	P					_	4
TITLE		DELETE	5.1 TITL	.E	ĺ			Char	ige ∟	Addition	-
NAME			5.2 NAN								
STREET ADDRESS			5.3 STRI								
CITY-ST-ZIP		_	5.4 CITY		P				_	7	ł
TITLE		DELETE	6.1 TITE	_				Chai	ige L	_ Addition	
NAME			6.2 NAN								
STREET ADDRESS			6.3 STR		- 1						
CiTY-ST-ZIP	ertify that the information supplied with this filing does		6.4 CITY xemot			section 119.07(3)(i) Florida Statutes I	further certify t	hat the i	nformat	tion	1
indicated of an officer	on this annual report or supplemental annual report is or director of the corporation or the receiver of fruste 2 or Block 13 if changed, or on an attachment with a	s true and accurate e empowered to ex-	and th	nat m	v siana	sture shall have the same legal effect a s required by Chapter 607, Florida Sta	s if made unde tutes; and that	r oath; ti my nam	e appea	n	
SIGNAT	URE: Mally A	5 PE 会创	R	<u> ÉD</u>	}	6/2011/	F61-88	J ~			

Country

81 Name

30

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

07-07-1999 90004 028 ***150 00

DO NOT WRIT 3. Date Incorporated or Qualified	E IN THI	S SPACE	
06/10/1993 4. FEI Number		ما ا	pplied For
65-0416386			ot Applicable
5. Certificate of Status Desired		\$8.75	Additional equired
Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
8. This corporation owes the curre	ent year		
Intangible Personal Property.		Yes	No
). Name and Address of New Ro	egistered	1 Agent	
(P.O. Box Number is Not Acceptal	hle)	_	<u> </u>
(i .o. box italibar la riot Acceptal		=	
	F	85 Zip	Code
n submits this statement for the pu	mose of	i⊨ i i ≾hanging its re	
a territoria de la contractica de la c			egisterea
board of directors. I hereby accept	the app	ointment as re	egistered
	t the appo	ointment as re	egistered egistered
vhen reinstating)	t the appo	ointment as re	egistered
	t the appo	ointment as re	egistered
rhen reinstating)	t the appo	ND DIRECTO	ORS IN 12
rhen reinstating)	t the appo	ND DIRECTO	ORS IN 12
vhen reinstating)	t the appo	ND DIRECTO	ORS IN 12 Addition
vhen reinstating)	t the appo	ND DIRECTO	ORS IN 12
vhen reinstating)	t the appo	ND DIRECTO	ORS IN 12 Addition
vhen reinstating)	t the appo	ND DIRECTO	ORS IN 12 Addition
rhen reinstating)	t the appo	ND DIRECTO	ORS IN 12 Addition
rhen reinstating)	t the appo	ND DIRECT(Change	ORS IN 12 Addition Addition
vhen reinstating)	t the appo	ND DIRECT(Change	ORS IN 12 Addition Addition
rhen reinstating)	t the appo	ND DIRECTO Change Change	ORS IN 12 Addition Addition
rhen reinstating)	t the appo	ND DIRECT(Change	ORS IN 12 Addition Addition
vhen reinstating)	t the appo	ND DIRECTO Change Change	ORS IN 12 Addition Addition
rhen reinstating)	t the appo	ND DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition
rhen reinstating)	t the appo	ND DIRECTO Change Change	ORS IN 12 Addition Addition
vhen reinstating)	t the appo	ND DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition
board of directors. I hereby accept when reinstating) ADDITIONS/CHANGES TO OFF	t the appo	ND DIRECTO Change Change Change	ORS IN 12 Addition Addition Addition

≡:--:

p93000040867 582207-90004-28 me.

6-30-99

TO WHOM IT MAY CONCERN.

UNFORTUNIATELY I DID NOT RECEIVE MY ORIGINAL PACKET FOR THE 1999 PROFIT CORP.ANNUAL REPORT. EITHER IT WAS LOST IN THE MAIL OR IT WENT TO ANOTHER UNIT IN MY BUILDING. IT CAME TO MY ATTENTION ON 6-28-99 AFTER REVIEWING MY CHECK STUBS.

I IMMEDIATELY CONTACTED YOUR OFFICE BY PHONE AND REQUESTED A SECOND FORM. I WAS TOLD TO SUBMIT A LETTER WITH THE PAYMENT OF \$150.00.

EVERTRANK CHUIS INC.

1021 SOUTH ROGERS CIRCLE, SUITE 5, BOCA RATON, FLORIDA 33487 995-0006 · FAX 995-0069