


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).

**FILED**  
**Jul 07, 1999 8:00 am**  
**Secretary of State**  
07-07-1999 90004 028 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P93000040867**

1. Corporation Name  
**ELECTRONIC CHOICES, INC.**

Principal Place of Business  
**1021 S ROGERS CIRCLE  
UNIT 5  
BOCA RATON FL 33487  
US**

Mailing Address  
**1021 S ROGERS CIRCLE  
UNIT 5  
BOCA RATON FL 33487  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

2a. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
**SHAPIRO, STANLEY  
1021 S ROGERS CIRCLE  
UNIT 5  
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/10/1993**

4. FEI Number  
**65-0416386**

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

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

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, 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 12

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Stanley Shapiro** **6/30/99** **561-995-0006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)

# Electronic Choices INC.

p93000040867  
582207-90004-28

6-30-99

TO WHOM IT MAY CONCERN,

UNFORTUNATELY 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.

SINCERELY YOURS

*Stanley Shapiro*  
STANLEY SHAPIRO

*Electronic Choices Inc.*