FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

MIAMI FL 33175



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPO RATIONS

DOCUMENT # P93000057626 (2)

CHOICES IN SUPPORT AND SERVICES, INC.

Pittic	sipal Flace of business	IV	iatiing Address		Ħ		1			
309	AMI FL 33176		10691 NORTH KENDA 308 MIAMI FL 33176 US	ill drive			3.	DO NOT WRITE IN THIS S	PACE	
			NA-YP	-				08/17/1993		T
2. 1	rincipal Place of Business	28	. Mailing Address				4.	FEI Number	<u> </u>	Applied F
21		26						65-0431394		Not Applic
22 S	uite, Apt. #, etc.	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		75 Addition Bequired
23	ity & State	28	City & State					Election Campaign Financing Trust Fund Contribution		00 May Be
24 Z	ip Country 25	29	Zip	30 Co	intry		i	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Yes	r Intangible
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
	PRESTON, TERESITA C.				81	Name				
2261 SW 122 COURT					82 Street Address (P.O. Box Number is Not Acceptable)					

FI 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.

83

SIGNATURE						
	Signature, typed or printed name of registered agent a		Registered Agent signature requ		DATE	
12.	OFFICERS AND (13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change	Addition Addition
NAME	PRESTON, TERESITA		1.2 NAME			
STREET ADDRESS	2261 SW 122ND CT		1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE	-	☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition .
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
600 OT 30			0.4.000/.07.7/0			

14. I hereby certify that the information supplied with this filling 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 cerperation 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 or changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 15 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be Added to Fees

Zip Code