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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # P93000072591 (9) | | | | | | | | |
|---|---|---|--|--------------------------------------|--------------------------|--|--------------------------------|-----------------------------|
| STAFF | CHOICE, INC. | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | ATE CITO CHILD IN | HUN HUN HUNN |
| 1815 FORUM | · | 1615 FORUM PLACE | | | | | | |
| STE 4C | | STE 4C | STE 4C | | | 1 | | |
| W PALM BEACH FL 33401 | | W PALM BEAC | W PALM BEACH FL 33401 | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | Date incorporated or Qualified 10/12/1993 | | |
| 2. Principal Place of Business | | 2a. Mailing Add | 2a. Mailing Address | | | 4. FEI Number | Ar | oplied For |
| | | 26 | | | | 65-0485076 | No. | ot Applicable |
| Sulte, Apt. | #, etc. | ├ ── | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | Additional |
| City & State | <u> </u> | City & State | City & State | | | | | equired |
| 23 | • | ├ ── | ¬ ' | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | I | Country | | 8. This corporation owes or has paid the cu | | |
| 24 | 25 | 29 | 30 | 1 ´ | | • | |] No |
| | g. Name and Address of Curre | | | <u> </u> | | 10. Name and Address of New Registered | | |
| SE | LLERS, RONALD F | | | 81 | Name | | | - |
| 1615 FORUM PLACE | | | | 82 | Stroot Add | Iress (P.O. Box Number is Not Acceptable) | | |
| STE 4C | | | | " | Bliedi Add | ireas (1.0. box reuniber is not Acceptable) | | |
| W PALM BEACH FL 33401 | | | | 83 | | | | |
| | | | | 84 | City | | OF 7in | Code |
| | | | | 54 | City | FL | _ 85 Zip i | Cide |
| 11, Pursuant office or reagent. I a | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblice. | 02 and 607.1508, Flori o of Florida Such char nations of, Section 607 | da Statutes, ge was auth 0505. Florida | the above orized by a Statutes | named cor the corpora | poration submits this statement for the purpose ation's board of directors. I hereby accept the ap | of changing it pointment as | is registered registered |
| SIGNATURE | Signature, typed or printed name of registimed ag | | | | | eired when reinstaling) DATE | | |
| 12. | | ID DIRECTORS | (HOAL HE | 13. | il eignatore redu | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR | IS IN 12 |
| TITLE | Ū | | LETE | 1 1 TITLE | | | Change | Addition |
| NAME | SELLERS , RONALD F | | | 1.2 NAME | | | | |
| STREET ADDRESS | 1615 FORUM PL #4C | | | 1.3 STREFT | ADDRESS | | | |
| CITY-ST-ZIP | W PALM BEACH FL 33401 | | | 1.4 CITY-ST | 1-Z I P | | | |
| TITLE | | □ D | LETE | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | | | í | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 2. 4 CITY - S | T-ZIP | | | |
| TITLE | | DI | LETE | 3.1 TITLE | | | Change | ☐ Addition |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4. CITY - S | T-ZIP | | | |
| TITLE | | [] Di | LETE | 4.1 TITLE | | | Change | Addition |
| NAME | | | | 4. 2 NAME | | | | |
| STREET ADDRESS | <i>t</i> | | | 4.3 STREET | address | | | |
| CITY-ST-ZIP | | |) 577 | 4.4 CITY-S1 | r - ZIP | | | 1100 |
| TITLE | | □ D | ittle | 5.1 TITLE | 1 | | Change | L Addition |
| NAME | | | | 5.2 NAME | | 9000025085 | 49 | |
| STREET ADDRESS | | | | 5.3 STREET | | 9000025085 -05/04/98010030 | 34 | |
| CITY-ST-ZIP | | | LETE | 5.4 CITY - ST | r-zip | ***150 <u>-00</u> | | A database |
| TITLE | | □ DI | ittlt | 6.1 TITLE | j | | ∐ Change | Addition |
| NAME | | | | 6.2 NAME | | () | · ~/ 1 | |
| STREET ADDRESS | | | | 6.3 STREE1 | ADDRESS | () | · 기 | |

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 coceiver 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 changer or in an attachment with an address.

6.4 CITY - ST - ZIP

4/2/108

541 1.00 x 560

FILED

May 01 1998 8:00am

Secretary of State