

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003992 (2)

1. Corporation Name
CHOICE ENTERTAINMENT, INC.



Principal Place of Business
5330 SW 21ST COURT
PLANTATION FL 33317

Mailing Address
5330 SW 21ST COURT
PLANTATION FL 33317-6030

3. Date Incorporated or Qualified 01/18/1994
3a. Date of Last Report 03/06/1996

2. Principal Place of Business
21 3318 Montara Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 3318 Montara Drive
Suite, Apt. #, etc.

4. FEI Number 65-0468156
Applied For Not Applicable

22 City & State
23 Bonte Springs FL

27 City & State
28 Bonte Springs FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 34134 25 USA
29 34134 30 USA

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

FLEISHER, MICHAEL H
5330 SW 21ST COURT
PLANTATION FL 33317

81 Name Michael H. Fleisher
82 Street Address (P.O. Box Number is Not Acceptable) 3318 Montara Drive
83
84 City Bonte Springs FL 85 Zip Code 34134

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 *Michael H. Fleisher* 4/25/97
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

TITLE D ☐ DELETE
NAME FLEISHER, MICHAEL H
STREET ADDRESS 5330 SW 21ST COURT
CITY-ST-ZIP PLANTATION FL 33317
TITLE D ☐ DELETE
NAME SCHERMER, SHELDON
STREET ADDRESS 5330 SW 21ST COURT
CITY-ST-ZIP PLANTATION FL 33317
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3318 Montara Drive
1.4 CITY-ST-ZIP Bonte Springs FL 34134
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3318 Montara Drive
2.4 CITY-ST-ZIP Bonte Springs FL 34134
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael H. Fleisher* 4/25/97 941-947-5116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)