FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000063109 (0) **DOCUMENT #** 1. Corporation Name

CHOICE GROUP INTERNATIONAL, INC.

Principal	Place	of	Business	
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Mailing Address



2706 ALTERNATE US 19 NORTH. SUITE 223 2706 ALTERNATE I PALM HARBOR FL 34683 PALM HARBOR FL		6 19 North. Suite 223 4683					
					3. Date Incorporated or Qualified 08/26/1994	3a. Date of Last Report 07/28/1995	
2. Principal Pla	ce of Business	2a. Mailing Address	.,		4. FEI Number 59-3263753	Applied F	
Suite, Apt. #	nte	Suite, Apt. #, etc.				Not Apple 88.75 Addition	
22	, 010.	27			5. Certificate of Status Desired	Fee Required	
City & State		Crty & State			6. Election Campaign Financing	\$5.00 May B	
23	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for i	— Added to Fees	
Zip 24	Country 25	Z _P	30]		Florida Statutes Yes		1
	9. Name and Address of Curre				10. Name and Address of New R		
343 ALM	IM OF LAWRENCE J. SPIEGEL IERIA AVENUE GABLES FL 33134	. CHARTERED	81 82 83	Name 57 Street Addre 2 70	O No. R. FOX SAF.O. Box Number is Not Acceptable A No. Box Number is Not Acceptable	ie) /	
			84	City P. L	n Harber	FL 85 3968	7
or registere familiar with	ed agent, or both in the trate of his h, and accord the oblightons of Sca	nda. Such change was author uton 607.0505, Florida Statuti	utes, the above-na ized by the corpo es.	ration's board	ation submits this statement for the puriod of directors. Thereby accept the appropriate the statement of the puriod of directors.	none of phanning its registeres	office am
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	Ž
TITLE	P	DELFIE	1. 1 TITLE			Change 🗀 Add	dition
NAME	FOX, STEPHEN R		1 2 NAME				
STREET ADDRESS	2706 ALTERNATE US 19 N	orth, suite 223	13 STREET A	ODRESS			
CITY - ST - ZIP	PALM HARBOR FL 34683		14 CHY-ST	- ZIP			
TITLE		DELETE	2 1 TITLE			Change Add	dition
NAME			2.2 NAME				
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CITY-ST-ZIP				· 21P		Change Clade	dition
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NAME			3.2 NAME				
STREET ACCIDESS			3.3 STREET				
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NAME .			4.2 NAME				
STREET ADDRESS			4.3 STREE1 #				
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NAME				PODDI CC			
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TITLE						□ Onlinge □ Nu	- DOI1
NAME			6.2 NAME	IDDDUGG			
STREET ACIDRESS			63 STREET /				
CITY-ST-ZIP 14. I do hereb	v certify that the information supplies	d with this filing is voluntarily fo	6.4 CITY-ST urnished and does	not qualify fo	or the exemption stated in Section 119	07(3)(k), Florida Statutes. I furt	her

certify that the information indicated or oath; that I am an officer or director of appears in Block 12 or Block 13 if ct

SIGNATURE: X

ME OF SIGNING OFFICER OR DIRECTOR