FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000042642 (5)**

1. Corporation Name
CHOICE LOCATIONS INC

Principal Place of Business
438 ST. ARMANDS CIR
SARASOTA FL 34236

Mailing Address
438 ST. ARMANDS CIR
SARASOTA FL 34236

3. Date Incorporated or Qualified: **05/25/1995**
3a. Date of Last Report: N/A

4. FEI Number: 59-3318091 — Applied For / Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business
21 STE F, HERITAGE BUILD.
Suite, Apt. #, etc.
22 155 S.E. HWY 19
City & State
23 CRYSTAL RIVER FL.
Zip 24 34429 Country 25 U.S.A.

2a. Mailing Address
26 STE F, HERITAGE BUILDING
Suite, Apt. #, etc.
27 155 S.E. HWY 19
City & State
28 CRYSTAL RIVER FL.
Zip 29 34429 Country 30 U.S.A.

9. Name and Address of Current Registered Agent
PLUMB, MICHAEL
438 ST. ARMANDS CIR
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name: PLUMB MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable): SUITE F, HERITAGE BUILDINGS
83 155 S.E. HIGHWAY 19
84 City: CRYSTAL RIVER FL 85 Zip Code: 34429

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: M Plumb

12. OFFICERS AND DIRECTORS

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	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P, ☐ Change ☐ Addition
12 NAME	MICHAEL PLUMB
13 STREET ADDRESS	STE F, HERITAGE BUILDINGS 155 S.E. HWY 19
14 CITY-ST-ZIP	CRYSTAL RIVER FL. 34429
21 TITLE	V, ☐ Change ☐ Addition
22 NAME	ARTHUR PHILLIPS
23 STREET ADDRESS	1, THE LEAS
24 CITY-ST-ZIP	CHESTFIELD CTS 3NA U.K.
31 TITLE	S.T. ☐ Change ☐ Addition
32 NAME	DELIA PLUMB
33 STREET ADDRESS	4108 N. CASA TERRACE
34 CITY-ST-ZIP	CRYSTAL RIVER FL. 34428
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 business manager authorized 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 any attachment with an address.

SIGNATURE: M Plumb MICHAEL PLUMB — 4-1-96 — 904-795-4142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)