

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90137 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																																					
DOCUMENT # P95000076572 1. Corporation Name SECOND CHOICE PROPERTIES, INC..																																																																																																																																							
Principal Place of Business 2805 E OAKLAND PARK BLVD 313 FT. LAUDERDALE FL 33306 US		Mailing Address 1545 E OAKLAND PK BLVD OAKLAND PARK FL 33334 US																																																																																																																																					
2. Principal Place of Business 1007 N FEDERAL HWY #183		2a. Mailing Address 1007 N FEDERAL HWY #183																																																																																																																																					
Suite, Apt. #, etc. 23		Suite, Apt. #, etc. 27																																																																																																																																					
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL																																																																																																																																					
Zip 33304		Zip 33304																																																																																																																																					
Country USA		Country USA																																																																																																																																					
3. Date Incorporated or Qualified 09/28/1995																																																																																																																																							
4. FEI Number 65-0629528		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																																																																																																																																					
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		DO NOT WRITE IN THIS SPACE																																																																																																																																					
8. Name and Address of Current Registered Agent BLACK, SHARON L P.A. 1545 E OAKLAND PARK BLVD OAKLAND PARK FL 33334		10. Name and Address of New Registered Agent 81 Name John R. Black 82 Street Address (P.O. Box Number is Not Applicable) 1007 N. Federal Hwy #183 83 84 City Ft. Lauderdale FL 85 Zip Code 33304																																																																																																																																					
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, as shown in this 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 John R. Black DATE 4-26-99 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)																																																																																																																																							
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>P</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>BLACK, JOHN R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1545 E OAKLAND PARK BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OAKLAND PARK FL 33334</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>BLACK, SHARON L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1545 E OAKLAND PARK BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OAKLAND FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P	DELETE	NAME	BLACK, JOHN R.		STREET ADDRESS	1545 E OAKLAND PARK BLVD.		CITY-ST-ZIP	OAKLAND PARK FL 33334		TITLE	V	DELETE	NAME	BLACK, SHARON L		STREET ADDRESS	1545 E OAKLAND PARK BLVD		CITY-ST-ZIP	OAKLAND FL		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 <table border="1"> <tr> <td>1.1 TITLE</td> <td>REGISTRAR</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>JOHN BLACK</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>112 DOWN ST</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>DAWSON FL 32078</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	REGISTRAR	☐ Change ☐ Addition	1.2 NAME	JOHN BLACK		1.3 STREET ADDRESS	112 DOWN ST		1.4 CITY-ST-ZIP	DAWSON FL 32078		2.1 TITLE		☐ Change ☐ Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY-ST-ZIP			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		
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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 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 added, with all other like empowered.

SIGNATURE:

John R. Black
 Signature and typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

4-26-99

Date

Daytime Phone #

CR2E034 (1/98)