

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

FILED  
Apr 10 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 # P95000083832 (2)

1. Corporation Name

PLAYERS CHOICE, INC.



Principal Place of Business  
8426 E 27TH AVE  
TAMPA FL 33619

Mailing Address  
8426 E 27TH AVE  
TAMPA FL 33619-1301

3. Date Incorporated or Qualified  
10/30/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 9406 US Hwy 92E  
Suite, Apt. #, etc. Ste 110  
22 City & State Tampa FL  
23 Zip 33610 Country USA  
24 33610 25 USA

2a. Mailing Address  
26 9406 US Hwy 92E  
Suite, Apt. #, etc. Ste 110  
27 City & State Tampa FL  
28 Zip 33610 Country USA  
29 33610 30 USA

4. FEI Number  
59-3340296

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

9. Name and Address of Current Registered Agent  
WILSON, MJ  
8426 E 27TH AVE  
TAMPA FL 33619

10. Name and Address of New Registered Agent  
81 Name MJ WILSON  
82 Street Address (P.O. Box Number is Not Acceptable) 9406 US Hwy 92 E  
83 Ste 110  
84 City Tampa FL 85 Zip Code 33610

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

*MJ Wilson*

MJ WILSON

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	WILSON, M.J.	8426 E 27TH AVE TAMPA FL 33619		<input type="checkbox"/>
P	SUKIENNIK, FRANK	8426 E 27TH AVE TAMPA FL 33619		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	WILSON, M.J.	9406 US Hwy 92 E, Ste 110 Tampa FL 33610		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Vice President			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

*MJ Wilson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-97

Date

813-626-7344

Daytime Phone #

CR2E034 (9/96)