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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000095688 (4)
CHOICE MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



LECANTO FL	ARC KNIGHTON COURT	LEGANTO FL 34461-833					
					3. Date Incorporated or Qualified 12/19/1995	3a. Date of Last Report 06/04/1996	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	- '	Applied For
21		[26]			59-3341388	<u> </u>	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			F. Codificate of Status Project	□ \$8.	75 Additional
22		27			5. Certificate of Status Desired	□ F	e Required
City & State	е	City & State			6. Election Campaign Financing	\$5	.00 May Be
23		28			Trust Fund Contribution		ded to Fees
Ζiρ	Country	Zip	Country	<i>t</i>	B. This corporation has liability for i	ntangible tax un	der s. 199.032,
24]	25 29 30			Florida Statutes Yes No			
	g, Name and Address of Curre	ent Registered Agent		T	10. Name and Address of New Re	gistered Agent	
	ITO, DAVID L		81	Name			
601	GAY ANN DRIVE		82	Street Add	fress (P.O. Box Number is Not Acceptab	le)	
VEL	. RICO FL 33594						
			83				
			84	City		FL 85	Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Starting familiar with and account the obtaining	502 and 607.1508, Florida Sta te of Florida. Such change wa matinus of Section 607.0505	itutes, the aboves authorized b	e-named cor y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of chang of the appointme	ing its registered nt as registered
SIGNATURE	art arma trial, and dosops and own	guida is of, deoleri our sooo,	1 10 100 Otatole	.			
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable (f	NOTE Registered Ag	ent signature requ	ired when reinstaling)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12
TITLE	PD	☐ DELETE	1.º TITLE			☐ Ch	ange 🔲 Addition
NAME	HUTTO, DAVID L		1.2 NAME				
STREET ADDRESS	601 GAY ANN DRIVE		1.3 \$1REE	ADDRESS			
CITY-ST-ZIP	VAL RICO FL 33594		1.4 CITY-	ST - 70P			
TITLE	STD	☐ DELETE	2 1 1ITLE			Ch:	ange 🔲 Addition
NAME	WRIGHT, SUSAN		2.2 NAME				
STREET ADDRESS	21127 MOORE ROAD		2 3 S1REE	ADDRESS			
CUTY_CT-ZIP	BROOKSVILLE FL 34609		2.4 CITY-	ST - ZIP			
TITLE	VO	☐ DELETE	3 1 100.6			□ Ch	ange 🔲 Addition
NAME	ROME, STANFORD B		3.2 NAME				
STREET ADDRESS	908 LAKESIDE DRIVE		3 3 STREE	I AODRESS			
CITY-ST-ZIP	VALDOSTA GA 31602		3.4. CHY-	S1 - ZIP			
TITLE		☐ DELETE	4.1 TITLE		·	☐ Ch	ange 🔲 Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	LAODRESS			
CITY-ST-ZIP			4.4 CHY-	ST - ZIP			
TITLE		☐ DELEJE	5.1 Titt			Ch	ange 🔲 Addition
NAME			5.2 NAM(
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	l _		5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Ch	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	ADDRESS			
CITY-SY-7IP			64 011 4				

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 13 if changed, or on an attachment with an address.