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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095688 (4) CHOICE MANAGEMENT SERVICES, INC.												
Principal Place of Business Mailing Address							1 MANISTAL DIN TALAL ANSIS ANSIS ANSIS ANSIS	ilita <b>ar</b> iar abi	IOI RULA BULAL H			
2004 WEST MARC KNIGHTON COURT LECANTO FL		2804 WEST MARC KNIGHTON COURT LECANTO FL				DO NOT WRITE IN THIS SPACE						
						r	3. Date Incorporated or Qualified				$\neg$	
						l	12/19/1995				- [	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number		I IA	pplied For	_]		
21		26					59-3341388		N	lot Applicable	е	
Suite, Apt	i. #. elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	<b>E</b> S		Additional legulred		
City & Sta	ite	City & State	е				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country Zip 25 29 30  9. Name and Address of Current Registered Agent			Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent					
				81	Name				71,501.11		ᅱ	
	JTTO, DAVID L			Ш								
601 GAY ANN DRIVE VEL RICO FL 33594				62 Street Address			(P.O. Box Number is Not Acceptal	ole)			- [	
45	:L MCU FL 33594			83							$\dashv$	
1											j	
				84	City			FL	<b>.</b> [ ]	Code		
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State cam familiar with, and accept the obligat	and 607,1508, Florida Statute of Florida Such change was a ions of, Section 607,0505, Flo	s, the a uthorize rida Sta	bove d by tutes	-named the corp i.	d corpora rporation	tion submits this statement for the 's board of directors. I hereby acce	ourpose o pt the app	of changing i pointment as	ts registered registered	1	
	Signature, typed or printed name of registered agont			d Age	nt signalure	e required w	nen reinstating)	DATE			_J6	
12.	OFFICERS AND		13.			·	ADDITIONS/CHANGES TO OFFICE	CERS AN			٦ġ	
TIFLE	PD	DELETE	1.1 Ti			Ţ			Change	Addition	"  ₹	
NAME	HUTTO, DAVID L		1.2 N								2	
STREET ADDRESS	601 GAY ANN DRIVE		1.3 S	TREET	address						Įũ	
CITY-ST-ZIP	VAL RICO FL 33594			ITY-S	T-ZIP	<u> </u>	·····				_ å	
TITLE	STD DELETE			2.1 TITLE					Change	Addition	ء إد	
NAME	WRIGHT, SUSAN			2.2 NAME								
STREET ADDRESS	21127 MOORE ROAD				address	Ţ					-	
CITY-ST-ZIP	BROOKSVILLE FL 34809			2.4 CITY - ST-ZIP							_	
TITLE	VD.	☐ DELETE	3.1 Ti		i	í			☐ Change	Addition	۱,	
NAME	ROME, STANFORD B		3.2 N			ļ						
STREET ADDRESS	908 LAKESIDE DRIVE		3.3 S	TREET	ADDRESS	]						
CITY-ST-ZW	VALDOSTA GA 31602	T AFIE	_	ITY-S	T-ZIP	1	75-5			<b>K</b> /	4	
TITLE		DELETE	4.1 Ti		i	111	URIE B LINI	77	☐ Change	Addition	'	
NAME	LAURIE B. LIND			IAME		LA	URIE B. LIND	, ,	3 A C C	FINE	-	
STREET ADDRESS				4.3 STREET ADDRESS			PH WERSELL	<u>n</u> :			-	
CITY-ST-ZIP	Pain Bay, n	. 32905	_	TY-\$1	I-ZIP	Ka	in Bay	72		905	4	
TITLE	1	☐ DELETE	5.1 Ti		i	1	•		☐ Change	Addition	١ [	
NAME	1		5.2 N	AME		1						
STREET ADDRESS	l		5.3 S	REET A	ADDRESS :	Į.					Į	

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 on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

URE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

DELETE

4-27-98

Dautime Phone # 0400

Change

Addition

**FILED** 

May 11 1998 8:00am

Secretary of State