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Mar 11 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 # P96000007813 (4)

1. Corporation Name
CHOICE COMPUTER CONSULTANTS, INC.



Principal Place of Business

205 E. CENTRAL BOULEVARD
SUITE 304
ORLANDO FL 32801

Mailing Address

205 E. CENTRAL BOULEVARD
SUITE 304
ORLANDO FL 32801-1966

2. Principal Place of Business

21 Suite Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 1342 E. VINE STREET

27 Suite, Apt #, etc.

399

28 City & State

KISSIMMEE

29 Zip

FL 34744

30 Country

OSCEOLA

3. Date Incorporated or Qualified

01/25/1996

3a. Date of Last Report

4. FEI Number

59-3363399

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

9. Name and Address of Current Registered Agent

NISI, FRANK P JR.
205 E. CENTRAL BOULEVARD
SUITE 304
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Sign above typed or printed name of registered agent and file 1 applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME VOYATZOGLOU, THEODOSIOS
STREET ADDRESS 205 E. CENTRAL BOULEVARD, SUITE 304
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☐ DELETE

NAME MATTHEE, MARGUOT MARIA
STREET ADDRESS 205 E. CENTRAL BOULEVARD, SUITE 304
CITY-ST-ZIP ORLANDO FL 32801

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

1.1 TITLE D/P/T/S ☒ Change ☐ Addition

1.2 NAME VOYATZOGLOU, THEODOSIOS
1.3 STREET ADDRESS 1342 E. VINE STREET, #399
1.4 CITY-ST-ZIP KISSIMMEE FL 34744

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME MATTHEE, MARGUOT MARIA
2.3 STREET ADDRESS 1342 E. VINE STREET, #399
2.4 CITY-ST-ZIP KISSIMMEE FL 34744

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME SEEFRIED, EDWARD B.
3.3 STREET ADDRESS 2735 RED FOX ROAD
3.4 CITY-ST-ZIP ORANGE PARK FL 32073

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

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:

SIGNATURE: THEODOSIOS VOYATZOGLOU
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/97

1-888-888-4401

CR2E034 (9/96)