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

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PROFIT CORPORATION ANNUAL REPORT

1998

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000060702 (3)

IT'S ABOUT CHOICES, INC.

Principal Place of Business Mailing Address 6278 N FEDERAL HWY STE 616 6278 N FEDERAL HWY STE 616 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0694636 Sulte, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 City & State Cily & State 6. Election Campaign Financing

9. Name and Address of Current Registered Agent JACKVONY, BERNARD A 515 E LAS OLAS BLVD FT LAUDERDALE FL 33301

Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.						
	10. Name and Address of New Registered Agent						
81	Name FIX, KONNETH E.						
82							
83	6641 NE 21ST LANE						

Trust Fund Contribution

FILED

May 01 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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 agont, 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

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agent. i a	nt. Lam familiar with and accept tipe obligations or, Section 607.0505, Florida Statutes.				4/20/98	
SIGNATURE	Signature, typed or printed name of registered ago at and title	uf applicable (NOTE	Registered Agent signature required v	vhon re-installing)	DATE	
12.	OFFICERS AND DIRECTORS		13.		ES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE		Change	Addition
NAME	fix, kenneth e		1.2 NAME			
STREET ADDRESS	6 641 NE 21 LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY - ST - ZIP			
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

6.4 CITY - ST - ZIP 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.

.- THE KENNETH E. FIX

954.772.8138