

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90122 029 ***300.00

0394440

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006990

1. Corporation Name

BUYER'S CHOICE, INC.

Principal Place of Business
14502 NORTH DALE MABRY
TAMPA FL 33618

Mailing Address
14502 NORTH DALE MABRY
TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/25/1996

4. FEI Number
59-3415960

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 807-F W BEARSS AVE

Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33613

Country

25 USA

2a. Mailing Address

26 3959 VAN DYKE RD

Suite, Apt. #, etc.

27 303

City & State

28 LUTZ FL

Zip

29 33549

Country

30 USA

9. Name and Address of Current Registered Agent

DOUGHERTY, ELIZABETH A
603 CRYSTAL GROVE BLVD.
LUTZ FL 33549-4494

10. Name and Address of New Registered Agent

81 Name

DOUGHERTY, ELIZABETH

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

3959 VAN DYKE RD

83

STE 303

84 City

LUTZ

FL

85 Zip Code

33549

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

ELIZABETH DOUGHERTY, AS PRESIDENT

4/29/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DOUGHERTY, ELIZABETH A
STREET ADDRESS 603 CRYSTAL GROVE BLVD
CITY-ST-ZIP LUTZ FL 33549-4494

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

ELIZABETH DOUGHERTY, AS PRESIDENT 4/29/99 813-265-6752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)