

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 06 1998 8:00am
Secretary of State

DOCUMENT # P97000028947 (4)

1. Corporation Name

SOPHIA'S CHOICE PROPERTIES, INC.

Principal Place of Business

P.O. BOX 4342
WINTER PARK FL 32793-4342

Mailing Address

P.O. BOX 4342
WINTER PARK FL 32793-4342



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3430460

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 2331 Sherbrooke Rd.

Suite, Apt. #, etc.

22 Winter Park, FL
City & State Winter Park, FL

23 32792

Zip

Country

24 32792 25 ORANGE

2a. Mailing Address

26 2331 Sherbrooke Rd.

Suite, Apt. #, etc.

27 Winter Park, FL
City & State Winter Park, FL

28 32792

Zip

Country

29 32792 30 ORANGE

9. Name and Address of Current Registered Agent

DETHOMAS, NANCY
2331 SHERBROOKE ROAD
WINTER PARK FL 32792

81 Name

LA FRANCE, NANCY D.

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

2331 Sherbrooke Rd.

83

84 City

Winter Park

FL

85 Zip Code
32792

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

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 PVST ☐ DELETE

NAME DETHOMAS, NANCY

STREET ADDRESS P.O. BOX 4342

CITY-ST-ZIP WINTER PARK FL 32793-4342

TITLE D ☐ DELETE

NAME DETHOMAS, NANCY

STREET ADDRESS P.O. BOX 4342

CITY-ST-ZIP WINTER PARK FL 32793-4342

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 PVST ☒ Change ☐ Addition

1.2 NAME La France, Nancy D.

1.3 STREET ADDRESS 2331 Sherbrooke Rd.

1.4 CITY-ST-ZIP Winter Park, FL 32792

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME La France, Nancy D.

2.3 STREET ADDRESS 2331 Sherbrooke Rd.

2.4 CITY-ST-ZIP Winter Park, FL 32792

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.

SIGNATURE

Nancy D. La France

9-21-98

(407) 645-1942

CR2E034 (5/98)