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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000039296 (3)

CHOICE REFERRALS OF CENTRAL FLORIDA, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
1560 SIXTH STREET S.E. 1560 SIXTH STREET S.E.							
WINTER HAVI	EN FL 33880		VEN FL 33880			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						04/30/1997	
2 Principal P	lace of Business	2a, Mailing /	Address			4. FEI Number Applied For	
21	1400 01 240111000	26				59-3415235 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$9.75 Additional	
22		27				5. Certificate of Status Desired Fee Required	
City & State	0	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Intangible	
24	_ 25	29	30	์ โ		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	ent Registered Age	ent			10. Name and Address of New Registered Agent	
BE	NNETT, JANE E			81	Name		
1560 SIXTH STREET S.E.				82	Street	Address (P.O. Box Number is Not Acceptable)	
	NTER HAVEN FL 33880				30000	Addiess (i o. box indiribal is indi Addeptable)	
***				83		,	
				-	Oite		
				84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, F	lorida Statutes,	the above	-named	corporation submits this statement for the number of changing its registered	
office or r	egi ste red agent, or b oth, in the Stal m f a miliar with, and a ccept the obli	to of Florida. Such d	change was auth	norized by	the corr	poration's board of directors. I hereby accept the appointment as registered	
•	The state of the control of the cont	gations of beatier	557.55 55 , 1 16114	Q Oldiolo	,.		
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE Re	gistered Age	nt signature	e required when reinstating) DATE	
12.	OFFICERS AI	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	WATSON, SHARON M			1.2 NAME			
STREET ADDRESS	1560 SIXTH STREET S.E.			1.3 STREET	ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880			1.4 CITY - S	T- Z IP		
TITLE			DELETE	2.1 TITLE		D. Sec. Trea Change **Addition	
NAME				2.2 NAME		D, Sec. Trea Change kx Addition Taylor, Elizabeth	
STREET ADDRESS				2.3 STREET	ADDRESS	1560 Sixth Street, S.E.	
CITY-ST-ZIP				2.4 CITY-5	T-ZIP	Winter Haven, Fl 33880	
TITLE			DELETE	3.1 TITLE		D Change Addition	
NAME				3.2 NAME		Bennett, Jane E.	
STREET ADDRESS				3.3 STREET	ADDRESS .	1560 Sixth Street, S.E.	
CITY-ST-ZIP				3.4. CITY - S		Winter Haven, FL 33880	
TITLE			DELETE	41 TITLE		Change Addition	
NAME				4 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-S			
TITLE		T	DELETE	5.1 TITLE	EH.	☐ Change ☐ Addition	
NAME		_		5.2 NAME		J. Statistics	
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP TITLE		Г	DELETE	5.4 CITY - ST 6.1 TITLE	- 2117	Change Addition	
1		L.,	J DELETE			Change Audition	
NAME				6.2 NAME			
STREET ADORESS				6.3 STREET	i		
CITY - ST - ZIP				6.4 CITY-ST	[- 7IP	I	

14. Thereby 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 suppliemental 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 of 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.