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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000069616

1. Corporation Name

CHOICE DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
18400 West Dixie Highway Suite D	18400 WEST DIXIE HIGHWAY SUITE D
North Miami Beach Fl 33160	NORTH MIAMI BEACH FL 33160

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90057 027 ***150.00



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Principal Place of Business Mailing Address												
18400 WEST DIXIE HIGHWAY SUITE D 18400 WEST DIXIE HIGHWAY NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 3316				D			DO NOT WRITE IN THIS	SPACI	E			
							3.	Date Incorporated or Qualifed 08/12/1997				
2. Principal Pl	ace of Business	2a.	Mailing Address				4.	FEI Number		App	lied For	
1		26						65-0783594		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				<u>-</u>	5.	5. Certifcate of Status Desired				
City & State	9	28	City & State				6. Election Campaign Financing Solution Special Solution Special Speci					
Zip	Country	1	Zip Country				8.	This corporation owes the current year In	tangible	!		
4	25	29	30					Personal Property Tax.	☐ Ye:	s [No	
·	9. Name and Address of Current	Regis	tered Agent	 ,			10.	Name and Address of New Registered	Agent			
SHIL	DLOWSKY, HOWARD				81	Name						
18400 WEST DIXIE HIGHWAY SUITE D				82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)						
NOR	TH MIAMI BEACH FL 33160				83	' · · · ·						
					84	City		FL	85	Zip C	ode	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florid	da. Such change was a	uthorize	d by	the corporation	ratio	n submits this statement for the purpose o oard of directors. I hereby accept the appo	changi intment	ng its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title	Wassesselle (NOTE	Dogistaro	LAnn	t signature required t	uthen i	reinstating) DATE				
12.	OFFICERS AND			13.	- Agan	i signature required		ADDITIONS/CHANGES TO OFFICERS A	VD DIR	ECTOF	RS IN 12	
TITLE	PD		□ DELETE	1,1 T	TLE	1			Ch		Addition	
	SHIDLOWSKY, HOWARD		. —		AME.					-		
AGAGO MEGT DIVIT MICHBURY CHITE D			1	1.3 STREET ADDRESS								
NORTH MANU REACHEL COACO			1	1.3 STREET AUURESS								
OFFICE THE				# 1/C	11 Y . 31	- /IV I						

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	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1,1 TITLE	☐ Change ☐ Addition				
NAME	SHIDLOWSKY, HOWARD	1.2 NAME					
STREET ADDRESS	18400 WEST DIXIE HIGHWAY SUITE D	1.3 STREET ADDRESS					
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	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-\$1-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	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS	·				
CFTY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME .		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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 expowered 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 at address, with at other like empowered.

HOWATH STATUTE - 1997 - 199

SIGNATURE:

SIGNAL

<u>305-935-6533</u>