**PROFIT** CORPORATION



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State CORPORATIONS Jul 06, 1999 8:00 am Secretary of State 07-06-1999 90003 017 \*\*\*150.00

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ANNUAL REPORT 1999

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**DOCUMENT #** 1. Corporation Name

| RÍGH  | T CHOICE                     | FINANCIA                     | L G       | ROUP, IN   | c.   |  |   |                                  | 1 (500) 21 0 11 0 11  | 1665 - 90003 - 17  |   |  |         |
|---|------------------------------|------------------------------|-----------|--|--|--|---|----------------------------------|---|--|---|--|---------|
| Daissiant Disc  | ce of Business               |                              | - NA      | ailing Address                                   |  |  |   |                                  | ,   |  |   | ,  |         |
|   | _                            |                              | IVIC      | -  |  |  |   |                                  |   | RTMENT. OF STAT  | E   |  |         |
|   | San Juan                     | Avenue                       |           | Same   |  |  |   |                                  |   |  |   |  |         |
| Suite   |                              |                              |           |  |  |  |   | ļ                                | DO NO   | OT WRITE IN THIS   | SPACE   |  |         |
| Jacksonville, Florida   |                              |                              |           |  |  |  |   | 3. Date Incorporated or C        |   |  |   | 1  |         |
|   |                              | 32210                        |           |  |  |  |   |                                  | · · · · · · · · · · · · · · · ·   |  |   |  |         |
|   |                              |                              | -         | Maillan Addana                                   |  |  |   | -                                | February 10   | 0, 1996  | 400   | lied Eng   | 1       |
|   | Place of Business            | _                            |           | Mailing Address                                  |  |  |   |                                  |   |  | <u> </u>  | lied For   | ł       |
|   | <u>San Juan</u>              | <u>Avenue</u>                | 26        | Same   |  |  |   |                                  | <u>59-3491349</u>   |  |   | Applicable                                       | ł       |
| Suite, Apt  | i. #, etc.                   |                              | $\vdash$  | Suite, Apt. #, etc.                              |  |  |   |                                  | 5. Certifcate of Status De  | sired 🖾  | \$8.75 A  |  | ļ       |
| 22Suite   | 26                           |                              | 27        |  |  |  |   |                                  |   |  | Fee Rec   | ·  | ١.      |
| City & Sta  | ite                          | <del></del>                  | -[        | _City_&_State                                    |  |  | سست دردنی   |                                  | _8Election Campaign Fin   | ancing   | -\$5.00-  |  |         |
| 23 Jacks  | onyille,                     | Florida                      | 28        |  |  |  |   |                                  | Trust Fund Contribution   | <u> </u>   | Added to  | Fées   | _       |
| Zip   | _ <del></del>                | Ountry                       | ٦         | Zip  | C  | SUNTRY   |   |                                  | 8. This corporation owes  | the current year int   |   |  | 1       |
| 2432210   | 25                           |                              | 29        |  | 30   |  |   |                                  | Personal Property Tax.  |  | ∐ Yes 1   | No.  |         |
|   |                              | Address of Current           | Regist    | tered Agent                                      |  | T  |   |                                  | 10. Name and Address of   | New Registered   | Agent   |  |         |
| 771   | - T :::T:==                  |                              |           |  |  | 81   | Name  |                                  |   |  |   |  | ļ       |
|   | e Luskoza<br>Ortega Fa       | ano<br>arms Blvd             | _         |  |  | 82   | Street Ad   | ddres                            | s (P.O. Box Number is Not   | Acceptable)  |   |  |         |
|   |                              | Florida                      |           | 44   |  | 83   |   |                                  |   |  |   |  | l       |
|   | ····,                        |                              |           |  |  | 83   |   |                                  |   |  |   |  |         |
|   |                              |                              |           |  |  | 84   | City  |                                  |   | FL   | 85 Zip Ci   |  |         |
|   |                              |                              |           |  | as authorize   | NO DV 1  |   |                                  |   |  |   |  | 1       |
| agent. I a  | Tuke                         | norms 4                      | 415       | 199  |  |  |   |                                  | ation submits this statement<br>s board of directors, I hereb<br>ten reinstating)   | DATE   |   |  | æ       |
| SIGNATURE   |                              | id name of registered agents | And title | 1 spplicable. (A                                 | S authorize Florida Sta  | ed Agent   |   |                                  | hen reinstaling)  | DATE   | <u> </u>  |  | (86)    |
| SIGNATURE   | Tuke                         | norms 4                      | And title | 199<br>Ropikábie. (A<br>CTORS                    | OTE: Registere   | d Agent  |   | uired w                          | nen reinstreng) ADDITIONS/CHANGES   | TO OFFICERS AN   | <u> </u>  |  | (11/98) |
| SIGNATURE<br>12.<br>TITLE   | Tuke                         | id name of registered agents | And title | 1 spplicable. (A                                 | OTE: Registere   | nd Agent   |   | P.                               | ADDITIONS/CHANGES   | TO OFFICERS AN   | D DIRECTOR  | RS IN 12   | 11/98)  |
| SIGNATURE  12.  TITLE  NAME   | Signeture, typed by finite   | id name of registered agents | And title | 199<br>Ropikábie. (A<br>CTORS                    | 13<br>1.11   | nd Agent<br>TITLE<br>NAME  | signature PPQU  | P:                               | non norsusing) ADDITIONS/CHANGES resident/Tre ickie L. Loz  | TO OFFICERS AN<br>ASURER<br>ANO  | D DIRECTOR  | RS IN 12   |         |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signeture, typed by finite   | id name of registered agents | And title | 199<br>Ropikábie. (A<br>CTORS                    | 13<br>1.11<br>1.21   | NAME   | ADDRESS   | P:<br>V:                         | ADDITIONS/CHANGES resident/Tre ickie L. Loz 751 San Juan  | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,                               | D DIRECTOR  Change  Suite                                       | RS IN 12   | F034    |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signeture, typed by finite   | id name of registered agents | And title | POPICSOIS. (A                                    | 13<br>1.11<br>1.2P<br>1.3 \$   | NAME   | ADDRESS   | P:<br>V:                         | non norsusing) ADDITIONS/CHANGES resident/Tre ickie L. Loz  | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,                               | D DIRECTOR Change Suite 32210                                   | RS IN 12 Addition                                |         |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS   | Signeture, typed by finite   | id name of registered agents | And title | 199<br>Ropikábie. (A<br>CTORS                    | 13<br>1.11<br>1.27<br>1.35<br>1.40   | ITTLE NAME STREET  | ADDRESS   | P:<br>V:<br>4'                   | ADDITIONS/CHANGES resident/Tre ickie L. Loz 751 San Juan  | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,                               | D DIRECTOR  Change  Suite                                       | RS IN 12   | F034    |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signeture, typed by finite   | id name of registered agents | And title | POPICSOIS. (A                                    | 13<br>1.11<br>1.27<br>1.35<br>1.40   | NAME   | ADDRESS   | P:<br>V:<br>4'<br>Ja             | ADDITIONS/CHANGES resident/Tre- ickie L. Loz- 751 San Juan acksonville, ecretary illiam R. Lo                               | DATE TO OFFICERS AN asurer ano Avenue, Florida                           | Change  Suite 32210   | RS IN 12  Addition  26                           | F034    |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | Signeture, typed brythit     | id name of registered agents | And title | POPICSOIS. (A                                    | 13<br>1.1<br>1.2<br>1.3<br>1.40<br>2.1<br>2.1  | ITTLE NAME STREET CITY-ST TITLE  | ADDRESS   | P:<br>V:<br>4'<br>J:<br>S:<br>W: | manuscha)  ADDITIONS/CHANGES  resident/Tre ičkie L. Loza  751 San Juan  acksonville,  ecretary illiam R. Loza  751 San Juan | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,<br>Florida<br>zano<br>Avenue, | DDIRECTOR Change Suite 32210 Change                             | RS IN 12  Addition  26                           | F034    |
| SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Signeture, typed brythit     | id name of registered agents | And title | POPICSOIS. (A                                    | 13 1.11 1.2P 1.3S 1.4G 2.11 2.2P 2.3S  | ITTLE NAME STREET CITY-ST TITLE  | ADDRESS ADDRESS   | P:<br>V:<br>4'<br>J:<br>S:<br>W: | manuscha)  ADDITIONS/CHANGES  resident/Tre ičkie L. Loza  751 San Juan  acksonville,  ecretary illiam R. Loza  751 San Juan | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,<br>Florida<br>zano<br>Avenue, | DDIRECTOR Change Suite 32210 Change                             | RS IN 12 Addition 26 Addition                    | E034    |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  | Signeture, typed by official | id name of registered agents | And title | POPUSON (A) CTORS  OBLETE  DELETE                | NTE: Registrers  13 1.11 1.21 1.33 1.40 2.11 2.21 2.35 2.4 3.11 4.21 4.35 4.40 5.11 5.24 5.35  | INTLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME  | ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS | P:<br>V:<br>4'<br>J:<br>S:<br>W: | manuscha)  ADDITIONS/CHANGES  resident/Tre ičkie L. Loza  751 San Juan  acksonville,  ecretary illiam R. Loza  751 San Juan | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,<br>Florida<br>zano<br>Avenue, | Change  Suite 32210 Change  Suite 32210 Change                  | RS IN 12 Addition 26 Addition  Addition Addition | E034    |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  | Signeture, typed by official | id name of registered agents | And title | POPUSON (A) CTORS  OBLETE  DELETE                | NTE: Registrer 13 1.11 1.21 1.33 1.4( 1.21 1.21 1.21 1.21 1.21 1.21 1.21 1.2   | INTLE NAME STREET TITLE  | ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS | P:<br>V:<br>4'<br>J:<br>S:<br>W: | manuscha)  ADDITIONS/CHANGES  resident/Tre ičkie L. Loza  751 San Juan  acksonville,  ecretary illiam R. Loza  751 San Juan | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,<br>Florida<br>zano<br>Avenue, | Change  Suite 32210 Change  Suite 32210 Change                  | RS IN 12 Addition 26 Addition 26 Addition        | E034    |
| SIGNATURE  12.  17LE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME   | Signeture, typed by official | id name of registered agents | And title | POPUSON (A) CTORS OBLETE  DELETE  DELETE  DELETE | NTE: Registrer 13 1.11 1.27 1.33 1.44 ( 1.11 1.27 1.33 1.44 ( 1.11 1.27 1.33 1.44 ( 1.33 1.44 1 1 1 1 1 1  | A Agent  TITLE  NAME  STREET  NAME  STREET  NAME  STREET  NAME  STREET  STREET | ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS | P:<br>V:<br>4'<br>J:<br>S:<br>W: | manuscha)  ADDITIONS/CHANGES  resident/Tre ičkie L. Loza  751 San Juan  acksonville,  ecretary illiam R. Loza  751 San Juan | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,<br>Florida<br>zano<br>Avenue, | Change  Suite 32210 Change  Suite 32210 Change  Change          | RS IN 12 Addition 26 Addition  Addition Addition | E034    |
| SIGNATURE  12.  17LE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  | Signeture, typed by official | id name of registered agents | And title | POPUSON (A) CTORS OBLETE  DELETE  DELETE  DELETE | NTE: Registrer 13 1.11 1.27 1.33 1.44 2.11 2.28 2.44 3.31 4.11 4.21 4.38 4.46 5.317 5.28 5.46 6.17   | INTILE NAME STREET NAME STREET NAME STREET NAME STREET STR | ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS | P:<br>V:<br>4'<br>J:<br>S:<br>W: | manuscha)  ADDITIONS/CHANGES  resident/Tre ičkie L. Loza  751 San Juan  acksonville,  ecretary illiam R. Loza  751 San Juan | TO OFFICERS AN<br>asurer<br>ano<br>Avenue,<br>Florida<br>zano<br>Avenue, | Change  Suite 32210 Change  Suite 32210 Change  Change          | RS IN 12 Addition 26 Addition  Addition Addition | F034    |

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 eath; 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: Vickie Toyono 4/15/99

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR