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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S05561** (3)
 1. Corporation Name
P M A - CHOICE 1, INC.

Principal Place of Business Mailing Address
112 S. FIELDING TAMPA FL 33570 US **713 4TH AVE. S.W. RUSKIN FL 33570 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 112 S. Fielding, TAMPA, FL		26 413 4th Ave SW, Ruskin FL 33570		10/03/1990	05/27/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		FEI Number	Applied For
				59-3056849	<input type="checkbox"/> Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	
TAMPA, FL		RUSKIN, FL		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	
33570		33570		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
HILLSBOROUGH		HILLSBOROUGH		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VILLEMAIRE, LEO 413 4TH AVE., S.W. RUSKIN FL 33570				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEMAIRE, LEO	1. 2 NAME	
STREET ADDRESS	413 4TH AVE. S.W.	1. 3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	1. 4 CITY - ST - ZIP	
TITLE	D	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLEMAIRE, ARTHUR	2. 2 NAME	
STREET ADDRESS	413 4TH AVE. S.W.	2. 3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	2. 4 CITY - ST - ZIP	
TITLE		3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY - ST - ZIP		3. 4 CITY - ST - ZIP	
TITLE		4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY - ST - ZIP		4. 4 CITY - ST - ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY - ST - ZIP		5. 4 CITY - ST - ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY - ST - ZIP		6. 4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Leo Villemaire, **LEO VILLEMAIRE PRES** (9/13) 645-3482
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone