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DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 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 21 112 So. Fielding, TAMPA, FL		2a. Mailing Address 26 413 4th Ave SW, Ruskin FL 33570		3. Date Incorporated or Qualified 10/03/1990	3a. Date of Last Report 05/27/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		FEI Number 59-3056849	Applied For <input type="checkbox"/> Not Applicable
23 City & State RUSKIN, FL		28 City & State RUSKIN, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33570	25 Country HILLBOROUGH FL	29 Zip 33570	30 Country HILLBOROUGH FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent VILLEMAIRE, LEO 413 4TH AVE., S.W. RUSKIN FL 33570				10. Name and Address of New Registered Agent	

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		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			

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 **4/18/95 (9/13) 645-3482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number