

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 JUN 20 PM 5:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001519137
-06/21/95--01043--005
*****225.00 *****225.00

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # S29600 (1)

1. Corporation Name
CHOSEN PRODUCTS, INC.

Principal Place of Business 99228 OVERSEAS HWY BOX 7 KEY LARGO FL 33037 US	Mailing Address P.O. BOX 1734 KEY LARGO FL 33037
----------------------------------------------------------------------------------------	--------------------------------------------------------

3. Date Incorporated or Qualified 02/04/1991	3a. Date of Last Report 08/16/1994
4. FEI Number 65-0243746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

NYAKO, DOTTIE
99228 OVERSEAS HWY.
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 (last) or printed name of registered agent and 1994 fee applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NYAKO, DOTTIE 186 LONG KEY RD KEY LARGO FL	1 TITLE <i>Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NYAKO, DOTTIE	2 NAME <i>CHRISTINA Sanchez</i>	
STREET ADDRESS	186 LONG KEY RD	3 STREET ADDRESS <i>06 TORTUGA RD</i>	
CITY, ST, ZIP	KEY LARGO FL	4 CITY, ST, ZIP <i>KEY LARGO, FL 33037</i>	
TITLE D	NYAKO, FRANK H. 186 LONG KEY RD KEY LARGO FL	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NYAKO, FRANK H.	22 NAME	
STREET ADDRESS	186 LONG KEY RD	23 STREET ADDRESS	
CITY, ST, ZIP	KEY LARGO FL	24 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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: *[Signature]* DOTTIE NYAKO 1/31/95 305 453-9500
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)