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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 SEP 1D PM 12: 48 **DOCUMENT # \$29600** SECRETARY OF STATE TALLAHASSEE, FLORIDA CHOSEN PRODUCTS, INC. Principal Place of Business Mailing Address 99228 OVERSEAS HWY P.O. BOX 1734 KEY LARGO FL 33037-1734 KEY LARGO FL 33037 3. Date Incorporated or Qualified 3a. Date of Last Report 02/04/1991 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0243746 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Ee 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Ζiρ 8. This corporation has liability for intangible tax under s. 199,032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NYAKO, DOTTIE 99228 OVERSEAS HWY. 82 Street Address (P.O. Box Number is Not Acceptable) KEY LARGO FL 33037 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or junted name of registived agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1,1 1111.6 Addition D NYAKO, DOTTIE NAME 1.2 NAME **700002292257--**-03/12/97--01125--013 186 LONG KEY RD 1.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL CITY-S τ#ZIP 1.4 CITY - ST - ZIP ****165_00 Change _____Addition DELETE TITLE 21 TITLE NYAKO, FRANK H. 002292257-014 2.2 NAME 186 LONG KEY RD STREET ADDRESS 2 3 STREET ADDRESS ****385.00 ****385.00 KEY LARGO FL CITY-ST-ZIP 2. 4 City - St - 7/P DELFTE TITLE Change 3.1 THE SANCHEZ, CHRISTINA NAME 3.2 NAME **06 TORTUGA RD** STREET ADDRESS **33 STREET ADDRESS** KEY LARGO FL CITY-ST-ZIF 3 4. CITY-ST-ZIP DELETÉ TITLE 41 TITLE ☐ Change Addition NAME 4.2 NAME STREET A ORESS 4.3 STREET ADDRESS CITY-SWZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE Addition 6.1 TITLE NAME 62 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 does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 13.1 changed, or on an attachment with an address.

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