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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81846

(5)

CHOICE COMMUNICATIONS, INC.

TAYLOR, CHERYL M

**LAKELAND FL 33805** 

912 VALENCIA ST.

FILED						
Apr 30 1997 8:00am						
Secretary of State						

Principal Place of Business 1020 W. PIPKIN RD. LAKELAND FL 33811 US		Mailing Address 1020 W. PIPKIN RD. LAKELAND FL 33911-1527 US				
					3. Date Incorporated or Qualified 09/30/1991	3a. Date of Last Report 06/04/1996
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3081888	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
28 28			Trust Fund Contribution Added to F			Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for	
24	25	29	30		Florida Statutes Styles No	
9. Name and Address of Current Registered Agent  BIDMANALAM TEODY I 81					10. Name and Address of New P	egistered Agent
BIRMINGHAM, TERRY L. 1500 W HIGHLANDS ST #125 LAKELAND FL 33801				82 Street Address (P.O. Box Number is Not Acceptable)		
	-		8	3		
			8	4 City		FL 85 Zip Code
office or r agent. I a	to the provisions of Sections 607 registered agent, or both, in the St im familiar with, and accept the ob	0502 and 607, 1508, Florida Sta late of Florida, Such change w oligations of, Section 607,0505	atules, the abo as authorized , Florida Statut	ove-named copy by the corpo es.	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of changing its registered ept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agord and life if epigliculate (NOTE Registered				gent signature re	quired when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	
TITLE	VP	DETETE	1 1 117(!			Change Addition
			1.2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- S1 - Z(P		
TITLE	P DELETÉ 2.1					Change Addition
			2.2 NAM	E .		
			2.3 STRE	(1 ADDRESS		
			2.4 CITY	7-ST-ZIP		
TITLE	S	☐ DELFTE	3 1 11111	·		☐ Change ☐ Addition

14. I do 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 supplied control in the information indicated on this annual report or supplied control 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 companion or the policy or trusted in powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block to if changed or control attachment with an address.

32 NAME

4.1 Till E

4. 2 NAME

5.1 TITLE

5.2 NAME

6 1 1ITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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54 CITY-ST-ZIP

4.4 C(1Y+S)-ZIP

3.4. CITY - \$1 - ZIP

SIGNATI IRE.

NAME

TITLE

NAME

TITLE

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TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

1 1/03

041-1-44-7445

Change

Change

Change

Addition

Addition

Addition