

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V01549 (7)
1. Corporation Name
FLORIDA CHOICE MANAGEMENT SERVICES, INC.



Principal Place of Business 3501 W VINE ST STE 130 KISSIMMEE FL 34741 US	Mailing Address 3501 W VINE ST STE 130 KISSIMMEE FL 34741 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/20/1991	
				4. FEI Number 59-3112976	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOODWARD, NEIL 2881 PIGGADILLY CIR KISSIMMEE FL 34747				10. Name and Address of New Registered Agent 81 Name WOODWARD, NEIL 82 Street Address (P.O. Box Number is Not Acceptable) 1112 GOLF COURSE PARKWAY 83 84 City DAVENPORT FL 85 Zip Code 33837			
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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: 1/12/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODWARD, KAREN			1.2 NAME			
STREET ADDRESS	2881 PIGGADILLY CIR			1.3 STREET ADDRESS	1112 GOLF COURSE PARKWAY		
CITY-ST-ZIP	KISSIMMEE FL			1.4 CITY-ST-ZIP	DAVENPORT, FL 33837		
TITLE	SD	DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLISE, RONALD			2.2 NAME			
STREET ADDRESS	501 N. ORLANDO AVE #313-340			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			2.4 CITY-ST-ZIP			
TITLE	VP	DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOODWARD, NEIL			3.2 NAME			
STREET ADDRESS	2881 PIGGADILLY CIR			3.3 STREET ADDRESS	1112 GOLF COURSE PARKWAY		
CITY-ST-ZIP	KISSIMMEE FL			3.4 CITY-ST-ZIP	DAVENPORT, FL 33837		
TITLE		DELETE		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		DELETE		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		DELETE		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 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 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:  DATE: 1/12/98 407-847-0042

CR2E034 (10/97)