

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

65 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44099** (2)
1. Corporation Name
POSITIVE CHOICE SUPPLY, INC.

Principal Place of Business Mailing Address
**P. O. BOX 620665
ORLANDO FL 32862-0665
US** **P. O. BOX 620665 N/A/
ORLANDO FL 32862-0665
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
06/16/1992 **05/01/1994**

4. FCI Number Applied For / Not Applicable
59-3130992 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 \$8.75 Additional Fee Required

6. Election Campaign Financing / Trust Fund Contribution \$5.00 May Be Added to Fees
 \$5.00 May Be Added to Fees

8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOZIELSKI, THOMAS
915 ARIZONA WOODS LN
ORLANDO FL 32824**

81. Name
82. Street Address, if P.O. Box Number is Not Acceptable
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.012 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by public notice 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 law under Florida Statutes.

Signature of

Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD HOOVER, LAWRENCE E. 745 ASHLEY LN ORLANDO FL	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY & STATE		4. CITY & STATE	
OFFICER	D KOZIELSKI, THOMAS 915 ARIZONA WOODS LN ORLANDO FL	5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY & STATE		8. CITY & STATE	
OFFICER		9. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER		13. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY & STATE		16. CITY & STATE	
OFFICER		17. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY & STATE		20. CITY & STATE	

14. I hereby certify that the information supplied with this report is accurately prepared and does not qualify for the exemption stated in New Item 139.032, Florida Statutes. I further certify that the information included in 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. This report is filed in lieu of the applicable filing fee for this report as required by Chapter 107, Florida Statutes, and that my name appears in the filing of this report. I am a duly licensed and qualified agent.

SIGNATURE: *Lawrence E. Hoover*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 (407) 438-0812