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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47921

STREET ADDRESS

SIGNATURE

CHOICE GROUP, INC.

Principal Plac	e of Business	Mailing Address			######################################
		P.O. BOX 820005			
PEMBROKE PINES FL 33029		S. FL FL 33082-0005 US		DO NOT WRITE IN T	HIS SPACE
US	•	03		3. Date Incorporated or Qualifed	
				06/29/1992	
2. Principal P	Place of Business	2a. Mailing Address	1 100	4. FEI Number	Applied For
21	·	26		65-0350643	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6 Florito Consider Financias	\$5.00 May Be
23 28		— ·		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	30	Personal Property Tax.	ŬYes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
200	NHOOM: IAMEO LE		81 Name		•
	BINSON, JAMES H. 34 NW 21ST STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	IBROKE PINES FL 33029		83	1 15 (4) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PER STEPPEN STEP ES
	DIONE I MESTE GOOLS			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	经基础的
		••	84 City	Berling and the second of the	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 of the purpose of changing its registered 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.					
office or i	registered agent, or both, in the State	of Florida, Such change was au	thorized by the corporation	on's board of directors. I hereby accept the a	opointment as registered
SIGNATURE		3010 01, 0000011 00110000, 71011			
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Agent signature require		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13. ·	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	PVS IMPECIAL	☐ DELETE	1.2 NAME	A No. of the Control	
NAME STREET ADDRESS	ROBINSON, JAMES H. 18234 NW 21ST STREET	,	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	•	
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
 NAME	ROBINSON, JAMES H.		2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		2.4 CITY-ST-ZIP		
TITLE 51%	STATE OF STATE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	PROBLEKEUT KAR		3.3 STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"你想的是做事!
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE	,	C) OCICIE	4.7 MICE		, <u></u>
NAME STREET ADDRESS			4.2 NAME		•
CITY-ST-ZIP			4.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	•		5.2 NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1 4 King 1		5.4 CITY; ST-ZIP	<u> </u>	
TITLE	Profit will be a state of the s	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90001 013 ***150.00