

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 AM 8:47

DOCUMENT # H45432 (2)

1. Corporation Name
FIRST CHOICE REAL ESTATE, INC.

Principal Place of Business
**2420 ENTERPRISE RD 107
SUITE 400
CLEARWATER FL 34623
US**

Mailing Address
**2420 ENTERPRISE RD 107
SUITE 400
CLEARWATER FL 34623
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/04/1985** 3a. Date of Last Report **04/18/1994**

4. FEI Number **59-2496175** Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address
21 **3438 EAST LAKE RD.** 26 **3438 EAST LAKE RD.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 22** 27 **SUITE 22**
City & State City & State
23 **PALM HARBOR, FL** 28 **PALM HARBOR, FL**
Zip Country Zip Country
24 **34685** 25 **FL PINELLAS** 29 **34685** 30 **FL PINELLAS**

9. Name and Address of Current Registered Agent

**NOLAN, JAMES M.
2516 CYPRESS BEND DRIVE, EAST
CLEARWATER FL 33519**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, MARGARET M	1.2 NAME	
STREET ADDRESS	2516 CYPRESS BEND DR E	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, BRIDGET L.	2.2 NAME	
STREET ADDRESS	780 BRACKLEY RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SEVERNA PARK MD	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, THERESA K	3.2 NAME	
STREET ADDRESS	422 KANE DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	AMBLER PA	3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Margaret M. Nolan* **MARGARET M. NOLAN** 3/1/95 **785-8887**
DATE: **3/1/95** (813)
Typed name and typed or printed name of signing officer or director Date Daytime Phone #