

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P95000063549 (6)**

1. Corporation Name

**FIRST CHOICE NETWORKS, INC.**



**400001840284**  
-05/28/96--01022--038  
\*\*\*4800.00

Principal Place of Business: ~~HEICO CORPORATION~~  
3000 TAFT STREET  
HOLLYWOOD FL 33021

Mailing Address: ~~HEICO CORPORATION~~  
3000 TAFT STREET  
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: **08/14/1995**      3a. Date of Last Report

4. FEI Number: **65-0600587**      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

21. Principal Place of Business: **825 S. Bayshore Dr.**

22. Suite, Apt. #, etc.: **Suite 1650**

23. City & State: **MIAMI, FL**

24. Zip: **33131**      25. Country: **U.S.**

26. Mailing Address: **825 S Bayshore DR.**

27. Suite, Apt. #, etc.: **Suite 1650**

28. City & State: **MIAMI, FL**

29. Zip: **33131**      30. Country: **US**

g. Name and Address of Current Registered Agent: **MENDELSON, VICTOR H ESO**  
3000 TAFT STREET  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent:

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City: **FL**      85. Zip Code

11. Pursuant to the provisions of Sections 607.0522 and 607.1502, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MENDELSON, VICTOR H</b>	1.2 NAME	<b>DV</b>
STREET ADDRESS	<b>3000 TAFT STREET</b>	1.3 STREET ADDRESS	<b>825 S Bayshore Dr Suite 1650</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>DC mendelson, Lawrence</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>825 S Bayshore Dr. #1650</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>D Mendelson, Eric</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>3000 Taft Street</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>DP Paul, Joseph A</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>825 S. Bayshore Dr. #1650</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>DTV Irwin, Thomas</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>3000 Taft Street</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>S Vetter, Judith</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>825 S. Bayshore Dr. #1650</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Miami, FL 33131</b>

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: [Signature] **VICTOR H MENDELSON**      4/26/96      (302) 374-1745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)