

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001283

1. Corporation Name

FIRST CHOICE LENDING, INC.

Principal Place of Business

200 CHASE PARK S. #200
BIRMINGHAM AL 35244

Mailing Address

200 CHASE PARK S. #200
BIRMINGHAM AL 35244

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

27 City & State

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 NAME STREET ADDRESS CITY-ST-ZIP | PDC ROGERS, ZACK 5031 STRATFORD RD. BIRMINGHAM AL 35242 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | 1.2 NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MOORE, JAMES C 201 BROADMOOR CIRCLE ALABASTER AL 35007 | <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | |
| | | | 1.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STEADMAN, ANN 5183 TRACE CROSSING DR. HOOVER AL 35244 | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | 2.2 NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC STRATTON, RANDY 789 MAIN RD. STANFORD VT 05352 | <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | |
| | | | 2.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | 3.2 NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | |
| | | | 3.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | 4.2 NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | |
| | | | 4.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | 5.2 NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | |
| | | | 5.4 CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | | 6.2 NAME | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | |
| | | | 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: *Patricia Gaynor PZack Rogers TIP President 7/1/99 (205) 985-4664*

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90006 032 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1998

4. FEI Number 72-1405581

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year

Intangible Personal Property

Yes

No

CR2E034 (5/99)