

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K43069 (9)

1. Corporation Name

FIRST CHOICE INSURANCE, INC.



Principal Place of Business

Mailing Address

**1406 EAST LAS OLAS BLVD
FT. LAUDERDALE FL 33303
US**

**P.O. BOX 1702
DANIA FL 33004
US**

3. Date Incorporated or Qualified

11/01/1988

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1600 W. S.R. 84

26 PO BOX 350337

4. FEI Number

65-0078600

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. LAUDERDALE, FL

City & State

28 FT. LAUDERDALE, FL

Zip

24 33315

Country

Zip

29 33335

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCWHORTER ROGER
333 NE 2 COURT
DANIA FL 33004**

81 Name MCWHORTER ROGER

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

337 NE 2 COURT

83

84 City

DANIA

FL

85 Zip Code

33004

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
D
MCWHORTER, ROGER
333 NE 2 COURT
DANIA FL

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
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☐ DELETE
NAME
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CITY - ST - ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
P/D
MCWHORTER, ROGER
337 NE 2 COURT
DANIA, FL 33004

☐ Change ☐ Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROGER MCWHORTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 30, 1996 (954) 523-322

Date

Daytime Phone #

CR2E034 (3/96)