

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90097 022 \*\*\*150.00

DOCUMENT # P94000021933

1. Corporation Name

FIRST CHOICE AUTO FINANCE, INC.

Principal Place of Business

5200 S. WASHINGTON AVE  
TITUSVILLE FL 32780  
US

Mailing Address

5200 S. WASHINGTON AVE  
TITUSVILLE FL 32780  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

4. FEI Number

59-3231285

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOWNING, ROBERT J  
5200 S. WASHINGTON AVE.  
TITUSVILLE FL 32780

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 V ☐ DELETE  
NAME SIEBEL, DONNA  
STREET ADDRESS 5200 S WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL 32780

1.1 TITLE V/AS ☒ Change ☐ Addition  
1.2 NAME Siebel, Donna  
1.3 STREET ADDRESS 5200 S. Washington Avenue  
1.4 CITY-ST-ZIP Titusville, FL 32780

TITLE P ☐ DELETE  
NAME ALVAREZ, JOSEPH  
STREET ADDRESS 5200 S. WASHINGTON AVE.  
CITY-ST-ZIP TITUSVILLE FL

2.1 TITLE P/D ☐ Change ☒ Addition  
2.2 NAME Smith, Gary R.  
2.3 STREET ADDRESS 5200 S. Washington Avenue  
2.4 CITY-ST-ZIP Titusville, FL 32780

TITLE VS ☒ DELETE  
NAME HUTCHINSON, JAMES NEAL JR.  
STREET ADDRESS 5200 S. WASHINGTON AVE  
CITY-ST-ZIP TITUSVILLE FL

3.1 TITLE V/S ☐ Change ☒ Addition  
3.2 NAME Downing, Robert J.  
3.3 STREET ADDRESS 5200 S. Washington Avenue  
3.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE V ☒ Change ☐ Addition  
4.2 NAME Alvarez, Joseph  
4.3 STREET ADDRESS 5200 S. Washington Avenue  
4.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME Arp, Lori  
5.3 STREET ADDRESS 5200 S. Washington Avenue  
5.4 CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)