

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000071265 (0)

1. Corporation Name

FIRST CHOICE REALTY, INC.

**APPROVED
AND
FILED**

55 MAY -1 PM 1:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1530 BAY DRIVE MIAMI BEACH FL 33141	1530 BAY DRIVE MIAMI BEACH FL 33141

3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 1704 JF KENNEDY CSWY.	26 PO BOX 5400
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 N. BAY VILLAGE, FLA.	28 MIAMI BCH, FLA.
24 33141	25 USA
29 33141	30 USA

4. FEI Number 65-0524508	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 § 193 (1992, Florida Statutes) ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
SHAMES, BENJAMIN 1530 BAY DRIVE MIAMI BEACH FL 33141	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 607.0506, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-15-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	1.2 NAME	
CITY - ST - ZIP	MIAMI BEACH FL 33141	1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2.2 NAME	
CITY - ST - ZIP		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	3.2 NAME	
CITY - ST - ZIP		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	4.2 NAME	
CITY - ST - ZIP		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	5.2 NAME	
CITY - ST - ZIP		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE **4-15-95** (Typed Name) **867-9800**
Signature and typed or printed name of signing officer or director