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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

Daytme Phone #

1996

P95000017909 (9)

DOCUMENT #
1. Corporation Name

SIGNATURE:

FIRST CHOICE LEASING, INC.

Principal Place	of Business	Mailing Address					
3016 HWY. 301 NORTH SUITE 900 TAMPA FL 33637		3016 HWY. 301 NORTH SUITE 900					
IAMPA FL	33037	TAMPA FL 33637			3. Date Incorporated or Qualified 03/06/1995	3a. Date of Last Report	
2. Principal Pla	Prokunso Drive	2a. Mailing Address 26 6487 Page	COR	Desvi	4. FEI Number	Applied Fo	
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State 28 SACASSTA	, Fc		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	,
Zip 24 <u>3</u> イスム	Country 25	· day as ad	Country 30	<i>i</i>	This corporation has liability for in Florida Statutes	□No	
	9. Name and Address of Current	Registered Agent		T	10. Name and Address of New Re	gistered Agent	
ECI NE	D DENIMANI		81	Name			
	r, benjamin , earle & Kiefner, p.a.		82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
	ND AVE. SOUTH, SUITE 400 TERSBURG FL 33701		83				
01. FC	TENSOONG FE 33/01		84	City		FL 85 Zip Code	
or registere familiar wit	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	 Such change was authorized. 	the above- by the corp	named corporation's b	poration submits this statement for the purpocard of directors. I hereby accept the appo	lose of changing its registered of intment as registered agent. I are	office ni
SIGNATURE: _	Signature, typod or priciled name of registered agent an	ditile if any licable (NOTE	Registered Age	nt signature rec	aured when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12	
TITLE	PIANO, ANTHONY C	☐ DELETE	1. 1 TITLE		^ ^ ^ ^	Change 🔲 Addit	ion
2016 LIMV 201 MODTH CHIT		TF 900	1.2 NAME		PIANO, ANTHONY C. 6487 PARKLAND DIVE		
STREET ADDRESS	TAMPA FL 33637	1 t. 000			Sarnson, Fc. 34245		
CITY-ST-ZIP TITLE		DELETE	1.4 CITY - 1 2. 1 TITLE	51 - ZIP = 3	BRUSCH, FC SARTO	Change Addit	lion
NAME			2.2 NAME				1311
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			2.4 CITY-				
TITLE		☐ DELETE	3 1 TITLE			☐ Change ☐ Addit	ion
NAME			3.2 NAME				
STREET ADDRESS			33 STREE	1 ADDRESS			
CITY-ST-ZIP		E DELETE	3.4 CITY -	31 - ZIP			
TITLE		DELETE	4 1 TITLE			Change Addit	.ton
NAME STREET ADDRESS			4.2 NAME	I ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
TITLE		DELETE	5 1 TITLE	11.51.		☐ Change ☐ Addit	ion
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6 1 THILE			Change Addit	ion
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

6.4 CHY-ST-ZIP

14. I do hereby certify that the information supplied with his 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 edepolemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 chafted, or an attachment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR