FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000086540 (8)**

1. Corporation Name

FIRST CHOICE ENCLOSURES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1897 HIGH ST. LONGWOOD FL 32750	1897 HIGH ST. LONGWOOD FL 32750

3. Date Incorporated or Qualified: 11/08/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1957 HIGH STREET
22 State, Apt. #, etc.
23 City & State: LONGWOOD, FL
24 Zip: 32750
25 Country: SEMINOLE

2a. Mailing Address
26
27 State, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3346120 ☐ 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 IN 1996

9. Name and Address of Current Registered Agent

LOONEY, STEPHEN R
200 SOUTH ORANGE AVE.
SUITE 3000
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: MICHAEL ISON
82 Street Address (P.O. Box Number is Not Acceptable): 1897 HIGH STREET
83
84 City: LONGWOOD, FL 85 Zip Code: 32750

11. Pursuant to the provisions of Sections 607.0502 and 607.150A, 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: MICHAEL ISON SEC/TRES. Michael Ison 1/15/96
Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when text stating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUZZELLA, DAVID R 1897 HIGH ST. LONGWOOD FL 32750	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ISON, MICHAEL J 1897 HIGH ST. LONGWOOD FL 32750	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY/TREASURER	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEMIEUX, KEITH B 1897 HIGH ST. LONGWOOD FL 32750	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VICE PRESIDENT	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Ison SEC/TRES 1/15/96 407-647-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL ISON SEC/TRES