PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Ha

Secretary of State DIVISION OF CORPORATIONS

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FILED Mar 03, 1999 8:00 am Secretary of State

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DOCUMENT # P95000086540 1. Corporation Name					
FIRST CH	HOICE ENCLOSURES OF	FLORIDA, INC.			
Principal Place	of Business	Mailing Address		4 ib#iiPft: tin steit dills unter auter afein deren	I fatte dites aren fran ean cen-
1957 HIGH ST LONGWOOD FL US		1897 HIGH ST. LONGWOOD FL 32750		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualifed 11/08/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-3346120	Applied For Not Applicable
21	#	Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #	#, 8lC.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	اد است. استان استان اس	28	<u> </u>	Trust Fund Contribution -	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	tanglble □ yes □ No
24	25	29 3	<u> </u>	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curre	nt Registered Agent	81 Name		
ISON	I, MICHAEL			Eith B. Lemieux	
	HISH ST		82 Street At	Toress (F.O. Box Number is Not Acceptable)	
	GWOOD FL 32750		83	BS/ MIGH SINEE!	
2011	G C C C C C C C C C				
}			B4 City	INGWOOD, FL	85 Zip Code 32750
11 Dursuant	to the provisions of Sections 807.05	02 and 607.1508, Florida Statutes	the above-named of	orporation submits this statement for the purpose of	f changing its registered
, , , , , , , , , , , , , , , , , , , ,	neighbored agent or both in the State	at Clorida Such change was guil	advant by the common	vice's beard of dissolute. I haraby accept the 2000	nnmani as registareu - 1
office or re	m fainilise with and accept the oblid	intions of Section 687,0505. Florid	a Statutes.	SHOTIS DOZIG OF GIROCUSTS. THOROUS BECOME ON SPIPE	20
	m faintliar with, and accept the oblig	lations of, Seption 697.0505, Florid	a Statules.	proporation submits this statement for the purpose of stion's board of directors. I hereby accept the apport	39.
SIGNATURE	Signature, typed or prairied marrie of registered ag	and and little if applicable. (NOTE: R	egistered Agent signature 190	ulted when reinstating) DATE	/
SIGNATURE	Signature, typed or privided marine of registered and OFFICERS A	ent and its if applicable. (NOTE: R	gistered Agent signature req 13.		/
SIGNATURE 12.	Signature: hyped or printed mense of registered appropriate Approp	and and little if applicable. (NOTE: R	13.	ulted when reinstating) DATE	/
SIGNATURE 12. TITLE NAME	Signature typed or provided memory of registered as OFFICERS A P BUZZELLA, DAVID R	ent and its if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME	ulted when reinstating) DATE	/
SIGNATURE 12. ITLE HAME STREET ADDRESS	Signature: typed or privided memo of registance as OFFICERS A P BUZZELLA, DAVID R 1897 HIGH ST.	ent and its if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS	ulted when reinstating) DATE	/
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	Bygnahuri, typied or priviled marrie of registered as OFFICERS A P BUZZELLA, DAVID R 1897 HIGH ST. LONGWOOD FL	PORT WITH BEAT A SEPTEMBER . (NOTE: R. ND DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	ulted when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE	Bygnahuri, typind or privided marrie of registered as OFFICERS A P BUZZELLA, DAVID R 1897 HIGH ST. LONGWOOD FL ST	ent and its if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZIP 2.1 TITLE	ulted when reinstating) DATE	ND DIRECTORS IN 12 Change Addition #6000000000000000000000000000000000000
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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 eath; that I am an officer or director of the corpyration 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 chapted, or on an attachment with an address, with all other like empowered.