


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

03-03-1999 90086 036 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harbo</b> Secretary of State DIVISION OF CORPORATIONS																																																													
<b>DOCUMENT # P95000086540</b> 1. Corporation Name <b>FIRST CHOICE ENCLOSURES OF FLORIDA, INC.</b>																																																															
Principal Place of Business 1967 HIGH ST LONGWOOD FL 32750 US		Mailing Address 1897 HIGH ST. LONGWOOD FL 32750																																																													
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																																																													
3. Date Incorporated or Qualified <b>11/08/1995</b>		4. FEI Number <b>59-3346120</b>																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																													
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																													
7. This corporation owes the current year intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No		DO NOT WRITE IN THIS SPACE																																																													
9. Name and Address of Current Registered Agent <b>ISON, MICHAEL</b> <b>1897 HIGH ST</b> <b>LONGWOOD FL 32750</b>		10. Name and Address of New Registered Agent 81 Name <b>Keith B. Lemieux</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1897 HIGH STREET</b> 83 84 City <b>LONGWOOD,</b> <b>FL</b> 85 Zip Code <b>32750</b>																																																													
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 <i>Keith B. Lemieux</i> DATE <b>4-2-99</b>																																																															
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE <table border="1"> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>BUZZELLA, DAVID R</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1897 HIGH ST.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LONGWOOD FL</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>ST</b></td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td><b>ISON, MICHAEL J</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1897 HIGH ST.</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LONGWOOD FL</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	<b>P</b>	<input type="checkbox"/> DELETE	NAME	<b>BUZZELLA, DAVID R</b>		STREET ADDRESS	<b>1897 HIGH ST.</b>		CITY-ST-ZIP	<b>LONGWOOD FL</b>		TITLE	<b>ST</b>	<input checked="" type="checkbox"/> DELETE	NAME	<b>ISON, MICHAEL J</b>		STREET ADDRESS	<b>1897 HIGH ST.</b>		CITY-ST-ZIP	<b>LONGWOOD FL</b>		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 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: *Keith B. Lemieux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (11/98)