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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000078278 (4)

1. Corporation Name  
FIRST CHOICE CARRIERS, INC.

Principal Place of Business  
7770 W. OAKLAND PARK BLVD.  
SUITE 450  
SUNRISE FL 33351

Mailing Address  
7770 W. OAKLAND PARK BLVD.  
SUITE 450  
SUNRISE FL 33351-6746



3. Date Incorporated or Qualified  
09/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 3474 No. UNIVERSITY DR.

2a. Mailing Address

26 3474 No. UNIVERSITY DR.

Suite Apt. # etc.

22 STE. # 535

Suite Apt. #, etc.

27 STE. 55

City & State

23 SUNRISE, FL

City & State

28 SUNRISE, FL

Zip

24 33351

Country

25 USA

Zip

29 33351

Country

30 USA

4. FEI Number

65-0695162

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

9. Name and Address of Current Registered Agent

BRADY, FRANK R ATTY.  
370 W. CAMINO GARDENS BLVD.  
SUITE 338  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D MESSEROFF, ALEC M  
STREET ADDRESS  
807 S.W. 119TH WAY  
CITY-ST-ZIP  
DAVIE FL 33325

TITLE ☐ DELETE

NAME  
D BELL, DAVID E JR.  
STREET ADDRESS  
3202 N.W. 120TH AVENUE  
CITY-ST-ZIP  
CORAL SPRINGS FL 33065

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEC M. MESSEROFF

Date

Daytime Phone

1/15/97 (954) 747-8896

CR2E034 (9/96)