## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000020768 (2) DOCUMENT #
1. Corporation Name

1ST CHOICE CONSTRUCTION SERVICES, INC.

## **FILED** Feb 13 1998 8:00am Secretary of State



	<del></del>			<u> </u>	
Principal Place of Business Mailing Address					
		5735 HAYES STREET			
HOLLYWOOD FL		HOLLYWOOD FL		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	OI AOL
				03/06/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O.B. 816	029	65-0734530	Not Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Hullywood	TL	Trust Fund Contribution	Added to Fees
Zıp	Country		Country	8. This corporation owes or has paid the cu	
24	[25]		o Broward		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SACCO FRANK 81 Name					
SACCO, FRANK 5735 HAYES STREET			J. Harrie		
HOLLYWOOD FL			82 Street Add	ress (P.O. Box Number is Not Acceptable)	·
83					
			84 City		85 Zip Code
				<u>FL</u>	
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 harve of registered agent and title diapplicable (NOTE Registered Agent signature required when reinstating).  DATE					
12.	OFFICERS AN	The second secon	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SACCO, FRANK		1.2 NAME		_
STREET ADORESS	5735 HAYES STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		
TITLE		DÉLETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP			3.4. CITY+ST-ZIP		
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		C) Detert	5.1 TITLE		L PHONOR L MANUELLON
NAME OTREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		!
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		Thomas The Maritine
			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP	- <u>-</u>	

I hereby certify that the information supplied with this fling indicated on this annual report or supplemental annual reporter or director of the corporation in the receiver or trest. g does not jualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information point is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an itee empressent to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in