Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90177 006 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State SION OF CORPORATIONS

1999	WE TO	DIVISION OF CO
DOCUMENT # F	97000060	670
1ST CHOICE COMPUTI	ER CONSULTING, II	NC.
Principal Place of Business	Mail	ng Address
8800 49TH STREET NORTH		90 TERRACE NORTH

|--|

Principal Place	e of Business	Mailing Address							
8800 49TH STREET NORTH 5245 90 TERRACE NORTH			}						
SUITE 102-3 PINELLAS PARK FL 33782-5125		İ	DO NOT WRITE IN THIS SPACE						
PINELLAS PARK FL 33782				2	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
						07/11/1997	· ~		. 1
A Dringing D	Inne of Puniness	2a. Mailing Address				FEI Number		A	oplied For
— · ·	Principal Place of Business 2a. Mailing Address 26			•	59-3470445		_ 	ot Applicable	
Suite Ant	# etc	Suite, Apt. #, etc.	-						Additional
¬ · · · · · · · · · · · · · · · · · · ·				5.	Certificate of Status Desired			equired	
22			6	Election Campaign Financing	a	\$5.00	May Be		
23		28	⊢ , ′			Trust Fund Contribution	" 🔲	•	to Fees
Zip	Country		Country	,	8.	This corporation owes the cu	rrent year Inta	ngible	
24	25	29 30			"	Personal Property Tax.		☐Yes	No
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New	/ Registered A	gent	
			81	Name		· · · · · · · · · · · · · · · · · · ·	•		
	SIE, DANNY		82	Street	Address (D	O. Box Number is Not Accep	ntable)		
	90 TERRACE NO		02	Sueer	Addiess (i	.O. DOX HUMBER IS:NOT ACCO			
PINE	LLAS PARK FL 33782-5125		83						}
				-				os Zin	Code
			84	City			FL	85 Zip	Ç008
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, to	he abov	e-named	corporation	submits this statement for th	ne purpose of c	hanging its	registered
office or r	egistered agent, or both, in the State of rn familiar with, and accept the obligation	i Florida. Such change was author	nzed by	the corb	oration's bo	pard of directors. I hereby acc	ept the appoint	tment as re	gistered
•	· ¥1	5/13 6/, 66646/1 667.5666, 1 75/142	0.0.0.0.				2/5	799	1
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Regis	stered Age	nt signature r	required when re	einstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	Kessie, Danny		1.2 NAME			•			
STREET ADDRESS	5245 90 TERRACE NO		1.3 STREE	T ADDRESS					1
CITY-ST-ZIP	PINELLAS PARK FL 33782-5125	L	1.4 CITY-S	ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE		İ			☐ Change	☐ Addition
NAME	KESSIE, TERESA L		2.2 NAME			•			}
STREET ADDRESS	5245 90 TERRACE NO	,	2.3 STREE	TADDRESS		<u>.</u>			
CITY-ST-ZIP	PINELLAS PARK FL 33782-5125		2. 4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			,		Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS	-				
CITY-ST-ZIP		_1	3.4. CITY-1	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME			•			
STREET ADDRESS			4.3 STREE	TADORESS	1				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			 -		☐ Change	☐ Addition
NAME			5.2 NAME			·			
STREET ADDRESS		į	5.3 STREE	T ADDRESS					
CITY-ST-ZIP		<u></u> <u>.</u>	5.4 CITY-S	ST-ZIP		·			
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADORESS	1				ļ
					1				,

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 chapter 607, or on an attachment with an address, with all other like empowered.