

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.**  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 09-16-1999 90002008 \*\*\*150.00  
 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS  
 99 NOV 30 AM 9:22

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P98000064680  
 1. Corporation Name  
 FIRST CHOICE COVERAGES, INC.

Principal Place of Business Mailing Address  
 1225 WEST 45 STREET 1225 WEST 45 STREET  
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

9/16/99 90002 008 150.00  
 DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
 07/23/1998

2. Principal Place of Business 2a. Mailing Address  
 21 940 Park Ave 26 same  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 103 27  
 City & State City & State  
 23 L.P. Fl. 28  
 Zip Country Zip Country  
 24 33403 25 P.B. 29 30

4. FEI Number Applied For Not Applied For  
 65-0854029  
 5. Certificate of Status Desired  \$8.75 Addition Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent  
 AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	FAGAN, WAYNE S	
STREET ADDRESS	1225 WEST 45 STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PHITTS, MALCOLM S	
STREET ADDRESS	1225 WEST 45 STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

AD

11/16/99 90002 008 150.00

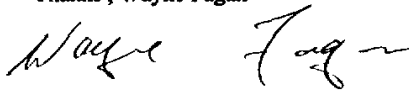
PG 2

NOV,10TH, 1999

To whom it may concern,

Please note that , Wayne Fagan president of First Choice Coverage Inc.  
paid \$150.00 has i was instructed to do by a state representative, however, Iwas told to write this letter  
explaining that i never receive a first notice. Now i am being charge for late payment and or reinstatment  
which i was un aware of. I only receive one statement which i paid before the stated dead line.

Thanks , Wayne Fagan

A handwritten signature in cursive script that reads "Wayne Fagan". The signature is written in dark ink and is positioned below the typed name.