

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90031 034 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000077415

1. Corporation Name
FIRST CHOICE ASSOCIATION MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3483 EAST LAKE ROAD #22 PALM HARBOR FL 34685	Mailing Address 3483 EAST LAKE ROAD #22 PALM HARBOR FL 34685
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3. Date Incorporated or Qualified 09/08/1998	4. FEI Number 59-3539719	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

SHEAR, ROBERT L
2790 SUNSET POINT ROAD
CLEARWATER FL 33759

10. Name and Address of New Registered Agent

81 Name **JAMES M. NOLAN**
 82 Street Address (P.O. Box Number is Not Acceptable)
3438 EAST LAKE RD. #22
 83
 84 City **Palm Harbor** FL 85 Zip Code **34685**

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 James M. Nolan DATE 3/12/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, JAMES M SR.	1.2 NAME	
STREET ADDRESS	3483 EAST LAKE ROAD #22	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, BRIDGET L	2.2 NAME	
STREET ADDRESS	3483 EAST LAKE ROAD #22	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, SHARON K	3.2 NAME	
STREET ADDRESS	3483 EAST LAKE ROAD #22	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIMONDI, THERESA	4.2 NAME	
STREET ADDRESS	3483 EAST LAKE ROAD #22	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRARA, PATRICIA	5.2 NAME	
STREET ADDRESS	3483 EAST LAKE ROAD #22	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST NOLAN, MARGARET M	6.2 NAME	
STREET ADDRESS	3483 EAST LAKE ROAD #22	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	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, with all other like empowered.

SIGNATURE: James M. Nolan DATE 3/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)