

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 369702 (6)

1. Corporation Name
SELECT REAL ESTATE, INC.



Principal Place of Business: 12 EGLIN PARKWAY SE FORT WALTON BEACH FL 32548
Mailing Address: 12 EGLIN PARKWAY SE FORT WALTON BEACH FL 32548

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	09/14/1970	3a. Date of Last Report	01/30/1995
4. FEI Number	59-1302422	Applied For	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 has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SODEC, JOHN, JR.
554 SANTA ROSA BLVD #108
FT. WALTON BEACH FL 32548

10. Name and Address of Registered Agent

81 Name: **SODEC, JOHN, JR.**
82 Street Address (P.O. Box Number is Not Acceptable): **4022 INDIAN TRAIL**
83
84 City: **DESTIN** FL 85 Zip Code: **32541**

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 title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SPT	1.1 TITLE	SPT
NAME	SODEC, JOHN, JR.	1.2 NAME	SODEC, JOHN, JR.
STREET ADDRESS	554 SANTA ROSA BLVD S108	1.3 STREET ADDRESS	4022 INDIAN TRAIL
CITY-ST-ZIP	FT. WALTON BCH FL	1.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D	2.1 TITLE	V
NAME	MARTIN, NINA T.	2.2 NAME	MCCARTHY JAMES F., SR.
STREET ADDRESS	422 CORUET	2.3 STREET ADDRESS	200 WYNEHAVEN BEACH RD.
CITY-ST-ZIP	FT WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	D	3.1 TITLE	
NAME	REED, MARJORIE K	3.2 NAME	
STREET ADDRESS	2 LONGWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John Sodec* JOHN SODEC, JR. 1-23-96 1-904-243-3102

CR2E034 (12/95)