


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

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 369702 (6)**  
 T. Corporation Name  
**SELECT REAL ESTATE, INC.**



Principal Place of Business <b>12 EGLIN PARKWAY SE FORT WALTON BEACH FL 32548</b>	Mailing Address <b>12 EGLIN PARKWAY SE FORT WALTON BEACH FL 32548</b>
--	--

DO NOT WRITE IN THIS SPACE

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

<b>3</b> Date Incorporated or Qualified <b>09/14/1970</b>	
<b>4</b> FEI Number <b>59-1302422</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**SODEC, JOHN J**  
**4022 INDIAN TRAIL**  
**DESTIN FL 32541**

**10. Name and Address of New Registered Agent**

**81** Name **SODEC, JOHN JR.**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**921 Lighthouse Rd.**

**83** City **Fort Walton Beach FL**

**84** Zip Code **32547**

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1506, 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SPI</b>	<input type="checkbox"/> DELETE
NAME	<b>SODEC, JOHN, JR.</b>	
STREET ADDRESS	<b>554 SANTA ROSA BLVD S108</b>	
CITY-ST-ZIP	<b>FT. WALTON BCH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARTHY, JAMES S F</b>	
STREET ADDRESS	<b>200 WYNNE HAVEN BCH RD</b>	
CITY-ST-ZIP	<b>MARY ESTHER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, MARJORIE K</b>	
STREET ADDRESS	<b>2 LONGWOOD DR</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BAKER, BONNIE S.</b>	
STREET ADDRESS	<b>810 N.E. EGLIN PKWY, #22</b>	
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>	
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 12**

1.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CLIFFORD GERALD MCGUIRE</b>	
1.3 STREET ADDRESS	<b>16 MARINERS LANE</b>	
1.4 CITY-ST-ZIP	<b>MARY ESTHER, FL 32569</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:** *[Signature]* **1-14-98**

CR2E034 (10/97)