SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or on



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 695718

(7)

SELECTIVE INVESTMENT SERVICES, INC.

FILED
Sep 04 1997 8:00am
Secretary of State

Principal Plac	A During	Maillian Address			
331 S.W. 74Th		Mailing Address P O BOX 16061			
	ILE FL 33317-3843	331 SW ZATH TERR			
		FT LAUDERDALE FL 33318		DO NOT WRITE	
		/08		Date Incorporated or Qualified 07/22/1981	3a. Date of Last Report 04/15/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1876	N. UKIVERSITY DR	26 331 5. W. 7	4 TERRACE		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 50	1TE 306-3	27			Fee Required
City & State	AUDERDALE FL.	City & State 28 PLANTATION	N FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip 702 10	Country	8. This corporation owes or has pai	
24 777	25 BROWA-RD 9. Name and Address of Current		B ROWO BD	Personal Property Tax due June 10. Name and Address of New Reg	
EDMONDSON, W FRANK III 81 Name				10, 142,110 0110 11001000 01 1100	
994 OW TATH TERRACE			ess (P.O. Box Number is Not Acceptab	lo)	
PLANTATION FL 33317			5treet Addre	ess (P.O. Box Number is Not Acceptab	le)
			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 re 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 reg					
office or r	egistered agent, or both, in the State or im familiar with, and accept the obligati	if Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	legistered Agent signature require	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	OFFICERS AND	DELETE	1.1 TOLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	EDMONDSON, W. FRANK III		1.2 NAME		
STREET ADDRESS	331 SW 74TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317-3843		1.4 CITY - ST - ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		Change Addition
NAME	EDMONDSON, BETTY W		2.2 NAME		
STREET ADDRESS	331 SW 74 TERR. PLANTATION FL		2.3 STREET ADDRESS		
CITY-ST-ZIP	TENTATIONTE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME.			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET E	4 1 TITLE		☐ Change ☐ Addition
NAME	-		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME		L_1 DELCHE	5.1 TITLE 5.2 NAME		Chi despuldo Chi vanitiqui
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY-ST-ZIP		
TITLE		DELETE	6.1 THLE		☐ Change ☐ Addition
NAME			62 NAME		

6.3 STREET ADDRESS

14. I do 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