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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 695718

1. Corporation Name

SELECTIVE INVESTMENT SERVICES, INC.

FILED
Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90059 002 ***150.00



Principal Place of Business		Mailing Address				
1876 NORTH UNIVERSITY DRIVE		331 S.W. 74TH TERRACE				
SUITE 306-3		331 SW 74TH TERR				DO NOT WRITE IN THIS SPACE
FORT LAUDERD	ALE FL 33322	PLANTATION FL 33317 US	PLANTATION FL 33317			3. Date Incorporated or Qualifed
US		US				07/22/1981
		T.O. 34-31 8 del-noo				4. FEI Number Applied For
2. Principal Pla	ace of Business	2a. Mailing Address				59-2365854 Not Applicable
21		26				\$8.75 Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required
22		27				6 Flection Campaign Financing 55.00 May Be
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees
23		Zip Country				Trust i und Contribution
Zip	Country	Zip	_	unuy		8. This corporation owes the current year Intangible Personal Property Tax.
24	25		30			10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registeres Agents
				"		
	ONDSON, W FRANK III			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	SW 74TH TERRACE	•				
PLAN	NTATION FL 33317			83		
				84	City	85 Zip Code
						FL
44 Dureuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the	above	-named corpo	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
	egistered agent, or both, in the State o m familiar with, and accept the obligati				the corporation	oration submits this statement for the purpose of dranging to significant on submits the statement of the purpose of dranging to significant or the significant o
SIGNATURE		note:	Damieter	ad Accept	cianatura required	d when reinstating) DATE
	Signature, typed or printed name of registered agent		13		. signatura raquico	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	_	TITLE		☐ Change ☐ Addition
TITLE	PD SPHONDOON NY EDANG III		1	NAME		
NAME :	EDMONDSON, W. FRANK III				ADDRESS	
STREET ADDRESS	331 SW 74TH TERR			-	1	
CITY-ST-ZIP	PLANTATION FL 33317-3843	[] prietr		CITY-ST	-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE		TITLE		
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREET	ADDRESS	
CITY-ST-ZIP			2. 4	CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1	TITLE		□ Change □ Addition
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET	ADDRESS	and the second of the second o
CITY-ST-ZIP		•	3.4	CITY-S	T- ZIP	
TITLE		☐ DELETE	4.1	TITLE		Change Addition
			4, 2	2 NAME		
NAME			4.3	STREET	ADDRESS	
STREET ADDRESS				CITY-S		<u>.</u>
CITY-ST-ZIP	1/5 kg	☐ DELETE		TITLE	1-2.11	☐ Change ☐ Addition
TITLE I	\ :	المامار الم		NAME		
NAME			- 6		r address	
STREET ADDRESS	95				- 1	
CITY-ST-ZIP			_	CITY-S	1-211	☐ Change ☐ Addition
TITLE	70 WeV 11	☐ DELETE				
NAME				NAME		
STREET ADDRESS			6.3	STREE	TADDRESS	
	i		1		* 710 l	

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. CITY-ST-ZIP

CR2E034 (11/98)