

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G82476** (4)

1. Corporation Name
SELECT MORTGAGE AND REAL ESTATE INVESTMENT, INC.



Principal Place of Business
**2665 S. BAYSHORE DR. #M103
MIAMI FL 33133**

Mailing Address
**2665 S. BAYSHORE DR. #M103
MIAMI FL 33133**

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent

**SHAPIRO, MICHAEL A.
2665 S. BAYSHORE DR. #M103
MIAMI FL 33133**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

3. Date Incorporated or Qualified **12/08/1983** 3a. Date of Last Report **03/15/1995**

4. FEI Number **65-0209142** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Has been Company Financing Fund Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has ability for intangible tax under s. 190.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.02 and 607.03, 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 Sections 607.02 and 607.03, Florida Statutes.

SIGNATURE		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)	
OFFICERS AND DIRECTORS			
12. TITLE	VD	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWBIN, MILTON	13. NAME	
STREET ADDRESS	2665 S. BAYSHORE DR.M103	13. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	13. TITLE	
NAME	GARS, IRWIN S.	13. NAME	
STREET ADDRESS	2665 S. BAYSHORE DR.M103	13. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	13. TITLE	
NAME	SHAPIRO, MICHAEL A.	13. NAME	
STREET ADDRESS	2665 S. BAYSHORE DR.M103	13. STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-STATE-ZIP		13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		13. TITLE	
NAME		13. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY-STATE-ZIP		13. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

CR2E034 (12/95)