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FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3225 AVIATION AVE. SUITE 700 COCONUT GROVE FL 33133**
2a. Mailing Address: **3225 AVIATION AVE SUITE 700 COCONUT GROVE FL 33133**

3. Date Incorporated or Qualified: **12/08/1983**
4. FEI Number: **65-0209142**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
**SHAPIRO, MICHAEL A.
2665 S. BAYSHORE DR. #M103
MIAMI FL 33133**

10. Name and Address of New Registered Agent:
81 Name: **Shapiro, Michael A.**
82 Street Address (P.O. Box Number is Not Acceptable): **3225 AVIATION AVE**
83 **SUITE 700**
84 City: **COCONUT GROVE FL** 85 Zip Code: **33133**

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: *Michael A Shapiro* MICHAEL A. SHAPIRO 4/16/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	TOWBIN, MILTON	1.2 NAME	Towbin, Milton
STREET ADDRESS	2665 S. BAYSHORE DR. M103	1.3 STREET ADDRESS	4200 HILLCREST DR. #715
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	PD	2.1 TITLE	PD
NAME	GARS, IRWIN S.	2.2 NAME	GARS, Irwin S.
STREET ADDRESS	2665 S. BAYSHORE DR. M103	2.3 STREET ADDRESS	3225 AVIATION AVE, STE 700
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	TD	3.1 TITLE	TD
NAME	SHAPIRO, MICHAEL A.	3.2 NAME	Shapiro, Michael A.
STREET ADDRESS	2665 S. BAYSHORE DR. M103	3.3 STREET ADDRESS	3225 AVIATION AVE, STE 700
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	COCONUT GROVE FL 33133
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 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.

CP2E034 (10/97)

Handwritten notes and signatures at the bottom of the page.