Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90219 004 \*\*\*150.00

## 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 # P97000032624

1. Corporation Name

SELECTIVE CONSTRUCTION MANAGEMENT, INC.

	· :		_									
Principal Place of Business Mailing Address							* 10011007 1101		,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ONE CHENEY	WAY	ONE CHENEY WAY	ONE CHENEY WAY									
RIVIERA BCH I	FL 33404	RIVIERA BCH FL 33404				}	DO NOT WEST IN THE ORACE					
US US							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
•						1 **	te incorporate /10/1997	d or Quai	irea		ļ	
2. Principal P	lace of Business	2a. Mailing Address				4. FE	Number			Ap	plied For	
21		26				65	-0748747			No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required					
City & Stat	e `	City & State				6 FIG	ction Campai	nn Finanr	100	\$5:00	May Be =====	
23	-	28					st Fund Cont	-	s U	Added t		
Zip	Country	Zip				8. This corporation owes the current year Intangible						
24	25	29	30			1	Personal Property Tax. ☐ Yes ☐ No					
-71	9, Name and Address of Currer	nt Registered Agent				10. Na	me and Addi	ress of N	ew Registered	Agent		
_				81	Name							
	RPORATION SERVICE COMPANY			92	Stroot	Address (P.O.	Boy Number	is Not Acc	entable)			
	I HAYS STREET		82 Street Add			Address (F.O.	DOX NUMBER	is ivoi Acc	eptable)			
TAL	LAHASSEE FL 32301-2525			83								
										last time	2-4-	
				84	City				FL	85 Zip (	-ode	
office or I	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the state of the section of the provision of the provision of the provisions of the	of Florida. Such change was a stions of, Section 607.0505, Florida.	authorize orida Sta	d by t tutes.	the corpo	oration's board	of directors.	ement for hereby a	ccept the appoi	ntment as re	registered gistered	
	Signature, typed or printed name of registered age		<del></del>		signature r	equired when reinsta	<del></del>		DATE	ID DIDECTO	50,11,40	
12.		ID DIRECTORS	13.			ADD	ITIONS/CHA	NGES TO	OFFICERS AN	Change	Addition	
TITLE	PD DELETE			1.1 TITLE						(A) Change	[_] Addidon	
NAME	RENIHAN, T DIANE			AME		"	es a d	= 0	Rival			
STREET ADDRESS					ADORESS	1610	FLAG		0 100		Į	
CITY-ST-ZIP	N PALM BCH FL 33408			1.4 CITY-ST-ZIP 6.1			PARK	<i>[*]</i> .	33403	☐ Change	Addition	
TITLE .		☐ DÉLETE								☐ Cilarige		
NAME			2.2	IAME								
STREET ADDRESS			2.3 8	TREET	ADDRESS							
CITY-ST-ZIP			_	CITY-S1	r-ZIP						C . 44W	
TITLE		☐ DELETE		MLE						☐ Change	Addition	
NAME		,	3.21	AME					بغرث	<u> </u>		
STREET ADDRESS					ADORESS		•					
CITY-ST-ZIP			_	CITY-ST	Γ-ZIP					·	- Addition	
TITLE		☐ DELETE		πLE						☐ Change	☐ Addition	
NAME			4.2	NAME		}					\ \	
STREET ADDRESS			4.3 5	STREET	address							
CITY-ST-ZIP		<u> </u>	_	CITY-ST	-ZIP						☐ Addition	
TITLE	}	DELETE	•	TTLE			•		,	☐ Change	☐ Addition ∫	
NAME	] ,			AME		Ì		:			ļ	
STREET ADDRESS			- 1		ADDRESS						ļ	
CITY-ST-ZIP			_	CITY-ST	·ZIP					73.0		
TITLE		☐ DELETE		ITLE						Change	Addition	
NAME .				AME								
			■ 635	TREET	ADDRESS	I					I	

1. 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP