


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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90197 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082465

1. Corporation Name
SELECT MORTGAGE, INC.



Principal Place of Business 129 N.W. 13TH STREET D-17 BOCA RATON FL 33432	Mailing Address 129 N.W. 13TH STREET D-17 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1997

2. Principal Place of Business 21 400 S DIXIE HWY	2a. Mailing Address 26 400 S. DIXIE HWY
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4. FEI Number 65-0783908	Applied For <input type="checkbox"/> Not Applicable
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Suite, Apt. #, etc. 22 121	Suite, Apt. #, etc. 27 121
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip 24 33432	Country 25 PALM BEACH	Zip 29 33432	Country 30 PALM BEACH
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8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SCHIESS, MICHEL E
129 N.W. 13TH STREET D-17
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
400 S DIXIE HWY, SUITE 121
 83
 84 City **BOCA RATON** **FL** 85 Zip Code **33432**

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 Michel Schieess 4-12-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PDCM	<input type="checkbox"/> DELETE
NAME	SCHIESS, MICHEL E	
STREET ADDRESS	129 N.W. 13TH STREET D-17	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHIESS, MARIA	
STREET ADDRESS	7318 FAIRWAY TR	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, S, D, I, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	400 S. DIXIE HWY, SUITE # 121	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
2.1 TITLE	V, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	400 S. DIXIE HWY, SUITE # 121	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LETOURNEAU	
3.3 STREET ADDRESS	4603 CAVANDISH DR.	
3.4 CITY-ST-ZIP	TAMARAC, FL 33319	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: MARIA SCHIESS 4-12-99 (561) 347-8105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)