

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S10267 (0)**

1. Corporation Name
SELECT REAL ESTATE OF PINELLAS COUNTY INC.

Principal Place of Business: **2480 E BAY DR A5 LARGO FL 34641**
Mailing Address: **2480 E BAY DR A5 LARGO FL 34641**



3. Date Incorporated or Qualified: **10/31/1990** 3a. Date of Last Report: **04/11/1995**
4. FEI Number: **65-0238368** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21
2a. Mailing Address: 26
22 Suite, Apt. #, etc. 27
23 City & State 28
24 Zip 25 Country 29
30 Country

9. Name and Address of Current Registered Agent
**CARMADELLA, JAMES
1412 COLUMBIA AVE
PALM HARBOR FL 34683**

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

11. Pursuant to the provisions of Sections 607.0302 and 607.0303, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0305, Florida Statutes.

SIGNATURE: _____
Signature of the individual who is authorized to sign this statement on behalf of the corporation. (Not to be signed by a registered agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE: D	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARMADELLA, JAMES		2. NAME	
STREET ADDRESS: 1412 COLUMBIA AVE		3. STREET ADDRESS	
CITY, ST, ZIP: PALM HARBOR FL		4. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		2.2 NAME	
STREET ADDRESS:		2.3 STREET ADDRESS	
CITY, ST, ZIP:		2.4 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY, ST, ZIP:		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished, and does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered or trustee agent; and that I am not a partner in a partnership with the corporation; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with this report.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **813-531-1355**
DUPRE PHOTOS

CR2E034 (12/95)