

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

COMPANIES
ANNUAL REPORT
1995 5-11-95 B-6690 C



APPROVED AND FILED

DOCUMENT # S98150 (3)

MAY 10 1995

SELECT REAL ESTATE BY STEPHANIE MILLER, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

8192 COLLEGE PKWY
FT MYERS FL 33919
US

8192 COLLEGE PARKWAY STE 30
FORT MYERS FL 33919
US

2. Filing Date	2a. Mailing Address	3. Effective Date of Report	3a. Filing Date of Report
21. 1700 Medical Lane	26. 1700 Medical Lane	12/05/1991	04/27/1994
22. City, State	27. City, State	4. CCI Number	Applied For
23. Fort Myers, Florida	28. Fort Myers, Florida	65-0298122	Not Applicable
24. 33907	25. Lee	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29. 33907	30. Lee	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under the Florida Statutes	
COSTELLO, TRUMAN J. 12670 NEW BRITTANY BLVD. #101 FORT MYERS FL 33907		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	
FL	B5 Zip Code

11. For each of the provisions of Sections 607.01 and 607.02, 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 this appointment as registered agent. I am familiar with and accept the obligations of such a position. Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	D MILLER, STEPHANIE S. 15750 CATALPA COVE DR FORT MYERS FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information appeared with this filing is voluntarily furnished and does not apply for the exemption stipulated in Section 607.01, Florida Statutes. I further certify that the information is indicated on the annual report or supplemental annual report as 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 receive the report as required by Chapter 607, Florida Statutes, and that my name appears on the Florida Department of State's list of officers and directors.

SIGNATURE: *Stephanie S. Miller*
STEPHANIE S. MILLER, REGISTERED OFFICER OR DIRECTOR

5/2/95 813-277-1515