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Mar 16, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S98150

1. Corporation Name  
SELECT REAL ESTATE BY STEPHANIE MILLER, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~1700 MEDICAL LANE~~  
FT MYERS FL 33907  
US

Mailing Address  
~~1700 MEDICAL LANE~~  
FORT MYERS FL 33907  
US

3. Date Incorporated or Qualified  
12/05/1991

2. Principal Place of Business  
21 9371 Cypress Lake Dr.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 same  
Suite, Apt. #, etc.

4. FEI Number  
65-0298122

Applied For  
Not Applicable

22 17  
City & State

27  
City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 Ft. Myers, FL  
City & State

28  
City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 33919 25 U.S.A.  
Zip Country

29  
Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTELLO, TRUMAN J.  
12670 NEW BRITTANY BLVD.  
#101  
FORT MYERS FL 33907

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

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 *Stephanie Miller*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/99  
DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE D  
NAME MILLER, STEPHANIE S.  
STREET ADDRESS 15750 CATALPA COVE DR  
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: *Stephanie Miller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 1-941-277-1515  
DATE Daytime Phone #

CR2E034 (1/198)