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 # 682629 1. Corporation Name

Suite, Apt. #, etc.

City & State

21

| SELECT PROPERTIES OF BOCA RATON, INC | | | | | | | | | | |
|---|-----------|---|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| Principal Place of Business | 1. 1. 2.5 | Mailing Address | | | | | | | | |
| 155 E PALMETTO PARK RD BOCA RATON FL 33432 | | 155 E PALMETTO PARK RD BOCA RATON FL 33432 | | | | | | | | |
| | | | | | | | | | | |
| 2. Principal Place of Business | - | 2a. Mailing Address | | | | | | | | |

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Suite, Apt. #, etc.

City & State

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90044 040 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

 \Box

1/13/99 (561) 395-074.0

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

09/12/1980 4. FEI Number

59-2026236

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

| Zip | Country - ; | Zip | | _ 0 | untry | | 8. This co | rporation owe | s the curre | ent year in | | _ |
|---|--|----------------|------------------|-----------|---------|--------------------|---------------------|-------------------|-------------|-------------|-------------------|---------------------|
| | 25 | 29 | | 30 | | | | al Property T | | | ☐ Yes | □No |
| 9. Name and Address of Current Registered Agent | | | | | | | 10. Name | and Address | of New R | egistered | Agent | |
| , | - Quel 4 10 76 50 | | | | 81 | Name | | | | | | |
| | rriman, Marjořie A 🚕 🧓 🛶 | المحاريجين | | | 82 | Street Addr | ess (P.O. Box | Number is N | ot Accepta | ble) | | |
| 187 | 1 THATCH PALM DRIVE | | • | | 02 | Street Addit | ess (F.O. BOX | NUMBER 13 IN | or Accepta | | 1. d. de . d. 61. | s at that 4 750 |
| B00 | CA RATON FL 33432 | | | | 83 | | 1. | | | 3 3 3 4 4 | ar rettic | ,481 \$13) IA |
| | | | | | | | | <u>5000 Pagas</u> | ¥33 + 53 | 12 3 3 3 4 | 1.15.3 | 報制制制 |
| •. | | | | | 84 | City | | | | FI | 85 Zip | Cōde |
| | to the provisions of Sections 607.0502 | 2 | 39 Florido Statu | tàn tha e | | named corp | oration eubmit | te this statem | ent for the | nurnose of | changing its | registered |
| office or | registered agent, or both, in the State (| of Florida. Su | ch change was a | authorize | d by t | he corporatio | on's board of o | firectors. I he | eby accep | t the appoi | intment as re | gistered |
| agent. I a | am familiar with, and accept the obligat | ions of, Secti | on 607.0505, Fk | orida Sta | tutes. | | | | | | | |
| IGNATURE | | | | | | | | | | | | <u> </u> |
| | Signature, typed or printed name of registered agen | | | | | signature required | d when reinstating) | | | DATE | ID DIDEOT | 200 IN 42 |
| 2. | OFFICERS AN | D DIRECTOR | | 13. | | | ADDITIO | ONS/CHANGI | S TO OFF | -ICERS AF | | Addition |
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