

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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **G82476** (4)  
1. Corporation Name  
**SELECT MORTGAGE AND REAL ESTATE INVESTMENT, INC.**



Principal Place of Business Mailing Address  
~~2065 S. BAYSHORE DR. #M103~~ ~~2065 S. BAYSHORE DR. #M103~~  
~~MIAMI FL 33133~~ ~~MIAMI FL 33133~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **3225 AVIATION AVE.** 21 **3225 AVIATION AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **SUITE 700** 22 **SUITE 700**  
City & State City & State  
23 **COCONUT GROVE FL** 23 **COCONUT GROVE, FL**  
Zip Country Zip Country  
24 **33133** 24 **33133** 25 **USA**

3. Date Incorporated or Qualified  
**12/08/1983**  
4. FEI Number **65-0209142** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**SHAPIRO, MICHAEL A.** 81 Name **Shapiro, Michael A.**  
~~2065 S. BAYSHORE DR. #M103~~ 82 Street Address (P.O. Box Number is Not Acceptable)  
~~MIAMI FL 33133~~ **3225 AVIATION AVE**  
83 **SUITE 700**  
84 City **COCONUT GROVE FL** 85 Zip Code **33133**

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 *Michael A. Shapiro* **MICHAEL A. SHAPIRO** 4/16/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TOWBIN, MILTON</b>			1.2 NAME	<b>Towbin, Milton</b>		
STREET ADDRESS	<b>2065 S. BAYSHORE DR. M103</b>			1.3 STREET ADDRESS	<b>4200 HILLCREST DR. #715</b>		
CITY-ST-ZIP	<b>MIAMI FL</b>			1.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GARS, IRWIN S.</b>			2.2 NAME	<b>GARS, Irwin S.</b>		
STREET ADDRESS	<del>2065 S. BAYSHORE DR. M103</del>			2.3 STREET ADDRESS	<b>3225 AVIATION AVE, STE 700</b>		
CITY-ST-ZIP	<del>MIAMI FL</del>			2.4 CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHAPIRO, MICHAEL A.</b>			3.2 NAME	<b>Shapiro, Michael A.</b>		
STREET ADDRESS	<del>2065 S. BAYSHORE DR. M103</del>			3.3 STREET ADDRESS	<b>3225 AVIATION AVE, STE 700</b>		
CITY-ST-ZIP	<del>MIAMI FL</del>			3.4 CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 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		5.1 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		6.1 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 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.

CR2E034 (10/97)