

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
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DOCUMENT # K69346 (0)  
1. Corporation Name  
SELECT SITES, INC.



Principal Place of Business <del>2005 S. BAYSHORE DR</del> <del>SUITE M103</del> <del>COCONUT GROVE FL 33133</del>	Mailing Address <del>2005 S. BAYSHORE DR</del> <del>SUITE M103</del> <del>COCONUT GROVE FL 33133</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3225 AVIATION AVE Suite, Apt. #, etc. 22 SUITE 700 City & State 23 COCONUT GROVE FL Zip 24 33133	2a Mailing Address 26 3225 Aviation Ave Suite, Apt. #, etc. 27 SUITE 700 City & State 28 COCONUT GROVE FL Zip 29 33133	3. Date Incorporated or Qualified 03/01/1989	4. FEI Number 65-0144340	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent GARS, IRWIN S. <del>2005 S. BAYSHORE DR</del> <del>SUITE M103</del> <del>COCONUT GROVE FL 33133</del>	10. Name and Address of New Registered Agent 81 Name GARS, Irwin S. 82 Street Address (P.O. Box Number is Not Acceptable) 3225 AVIATION AVE. 83 SUITE 700 84 City COCONUT GROVE FL 85 Zip Code 33133
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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 *[Signature]* 4/16/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GARS, IRWIN S. <del>2005 S. BAYSHORE DR</del> <del>COCONUT GROVE FL</del>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSD GARS, Irwin S. 3225 AVIATION AVE, STE 700 COCONUT GROVE FL 33133
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.

SIGNATURE *[Signature]* 4/16/98 3225 AVIATION AVE

CR2E034 (10/97)