


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

FILED

**Feb 02 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 # K92813 (0)

1. Corporation Name
SELECT-MICROSYSTEMS INC.



Principal Place of Business 627 FRANKLYN AVE INDIALANTIC FL 32903 US	Mailing Address 627 FRANKLYN AVE INDIALANTIC FL 32903 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 605 N. RAMONA AVE Suite, Apt. #, etc.	2a. Mailing Address 26 605 N. RAMONA AVE Suite, Apt. #, etc.
22 City & State 23 Indialantic FL	27 City & State 28 Indialantic FL
24 Zip 32903 25 Country US	29 Zip 32903 30 Country US

3. Date Incorporated or Qualified 06/02/1989	4. FEI Number 59-2958116	Applied For <input type="checkbox"/> 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

**DRESKIN, ELLA M
627 FRANKLYN AVE
INDIALANTIC FL 32903**

10. Name and Address of New Registered Agent

81 Name **Dreskin, Paul M**
 82 Street Address (P.O. Box Number is Not Acceptable) **605 N. RAMONA AVE**
 83
 84 City **Indialantic** 85 Zip Code **FL 32903**

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 Paul M. Dreskin DATE 1/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESKIN, PAUL M.	1.2 NAME	Dreskin, Paul M.
STREET ADDRESS	627 FRANKLYN AVE	1.3 STREET ADDRESS	605 N. RAMONA AVE
CITY-ST-ZIP	INDIALANTIC FL	1.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESKIN, ELLA M	2.2 NAME	Dreskin, ELLA M.
STREET ADDRESS	627 FRANKLYN AVE	2.3 STREET ADDRESS	605 N. RAMONA AVE
CITY-ST-ZIP	INDIALANTIC FL	2.4 CITY-ST-ZIP	Indialantic FL 32903
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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.

SIGNATURE Paul M. Dreskin DATE 1/26/98

CR2E034 (10/97)