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

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L34535

(9)

SELECT RETAIL SALES, INC.

F.		
Principal Place of Business	Mailing Address	
14001 NW 4TH STREET SUNRISE FL 33325	14001 NW 4TH STREET SUNRISE FL 33325	
2. Principal Place of Businoss	2a. Mailing Address	

FILED Apr 29 1998 8:00am Secretary of State



Change

Addition

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/07/1989 4. FEI Number Applied For 05 0159303 65-0214 325 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 THE PRENTICE-HALL CORPORATION SYSTEM. INC. 1201 HAYS STREET **B2** Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City 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 Signature, typed or printed name of registerio agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE GUSKY, MICHAEL H. NAME 1.2 NAME **14001 NW 4 STREET** STREET ADDRESS 1.3 STREET ADDRESS SUNRISE FL 33325 CITY-ST-ZIP 14 CITY-\$1-ZIP DELETE Change Addition TITLE 2.1 TITLE HANSEN, STEVEN NAME 2.2 NAME 44001 NW 4 STREET STREET ADDRESS 2.3 STREET ADDRESS **SUNRISE FL 33325** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE GUSKY, ROBIN L. 32 NAME **14001 NW 4 STREET** STREET ADDRESS 3.3 STREET ADDRESS SUNRISE FL 33325 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-ST-ZiP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CiTY - ST - ZIP 14. Thereby 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 changer for or an attachment with an address.

5.4 CITY - ST- ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

Steven L. Hansen 954-846-8099 SIGNATURE: