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 # L62662 1. Corporation Name

SELECT INVESTMENT PROPERTIES, INC.

SELECT	MACOUNTIAL LINE STATES					
Principal Place	of Business	Mailing Address				
20 INTERNATIO		% J. LORMANN				
SUITE 220 370 ROCKWELL CIR.					DO NOT WRITE IN THIS SPACE	
HEATHROW FL 32746 LAKE MARY FL 32746				3. Date Incorporated or Qualifed		
J\$					03/28/1990	
		1 5 30 W Allers			4, FEI Number	Applied For
Principal Plant	ace of Business	2a. Mailing Address			59-2998802	Not Applicable
1		26				\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Required
2		27 Cit 4 State	 		6. Election Campaign Financing	\$5.00 May Be
City & State	,	City & State			Trust Fund Contribution	Added to Fees
.3		28	Cour	ntry	8. This corporation owes the current ye	ar Intangible
Zip	Country	Žip	30	ia y	Personal Property Tax.	☐Yes ☐No
24	25	29 Agent	130		10. Name and Address of New Regist	ered Agent
	9. Name and Address of Current	redizielen wäalir		81 Name		
ום חו	MANIN TAMES D		ļ		O Double to the Association	
LORMANN, JAMES R. 370 ROCKWELL CIR.				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	MARY FL 32746			83		4. 有效人类 (1)
LANG	MAN FL 32740			_		
	•			84 City		FI 85 Zip Code
SIGNATURE 12.	Signature, typed or printed name old spistered agen OFFICERS AN	D DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE	DPT	☐ DELETE	1.1 म	TLE	Commence of the Commence of th	
NAME	LORMANN, JAMES R		1.2 N	AME		
STREET ADDRESS	370 ROCKWELL CIR.		1.3 S	REET ADDRESS	•	•
CITY-ST-ZIP	LAKE MARY FL		1.4 C	TY-ST-ZIP		Change Addition
TITLE	DS	☐ DELETE	2.1 TI	TLE		Ollaride (1) region.
NAME	FREEMANN, DANIEL JR	•	2.2 N	AME		
STREET ADDRESS	EAGO O 1848/ 47 00		2.3 \$	TREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL	·	2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	21 T			Chance C Addition
NAME			3.11	TLE		☐ Change ☐ Addition
STREET ADDRESS	The state of the s		3.2 N			Change Addition
CITY-ST-ZIP			3.2 N			☐ Change ☐ Addition
TITLE	A Section of the sect		3.2 N 3.3 S	AME		
	Marine Marine	DELETE	3.2 N 3.3 S	AME TREET ADDRESS CITY-ST-ZIP		Change Addition
NAME:	Control of the Contro	***:	3.2 N 3.3 S 3.4.0	AME TREET ADDRESS CITY-ST-ZIP		
NAME STREET ADORESS		***:	3.2 N 3.3 S 3.4.0 4.1 T 4.2 P	AME TREET ADDRESS CITY-ST-ZIP		
STREET ADURESS		***:	32 N 3.3 S 3.4.0 4.1 T 4.2 S 4.3 S	AME TREET ADDRESS CITY-ST-ZIP TITLE VAME		Change \ ☐ Addition
CITY-ST-ZIP		***:	32 N 33 S 34 C 4.1 T 4.2 ? 4.3 S	AME TREET ADDRESS CITY-ST-ZIP TILE VAME TREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	32 N 33 S 34.0 4.1 T 4.2 ? 4.3 S 4.4 C 5.1 T	AME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS ITY-ST-ZIP		Change \ ☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	32 N 33 S 34 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N	AME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS ITY-ST-ZIP ITLE		☐ Change \ ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	AME TREET ADDRESS CITY-ST-ZIP TILE VAME TREET ADDRESS CITY-ST-ZIP TILE VAME VAME VAME VAME VAME VAME VAME VAM		☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP.		☐ DELETE	32 N 33 S 34.0 4.1 T 4.2 t 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	AME TREET ADDRESS CITY-ST-ZIP TILE VAME TREET ADDRESS CITY-ST-ZIP TILE AME STREET ADDRESS CITY-ST-ZIP TILE COMMON		☐ Change \ ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	32 N 33 S 34 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	AME TREET ADDRESS CITY-ST-ZIP ITLE VAME TREET ADDRESS CITY-ST-ZIP ITLE AME STREET ADDRESS STREET ADDRESS STRY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90009 050 ***150.00