

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M25359** (4)

1. Corporation Name

**SELECTIVE MARKETING, INC.**



Principal Place of Business

**3100 N. 29TH CT.  
HOLLYWOOD FL 33020  
US**

Mailing Address

**3100 N. 29TH CT.  
HOLLYWOOD FL 33020  
US**

3. Date Incorporated or Qualified **01/03/1986** 3a. Date of Last Report **05/01/1995**

4. FEI Number **59-2624757** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 **3100 N. 29th Ct.**

Suite, Apt. #, etc.

22 **140 Suite 140**

City & State

23 **HOLLYWOOD, FL**

Zip

24 **33020**

Country

25 **USA**

2a. Mailing Address

26

Suite, Apt. #, etc.

27 **140 Suite 140**

City & State

28 **HOLLYWOOD, FL**

Zip

29 **33020**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GENEROTTI, E.J.  
2404 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 of person or persons to be changed, registered agent or director

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPV <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MARK
STREET ADDRESS	1246 VAN BUREN ST.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	LEWIS, MARK
STREET ADDRESS	1246 VAN BUREN ST.
CITY-ST-ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.T. LAZARUS, MITCHELL
1.3 STREET ADDRESS	2445 N.W. 33 ST # 1405
1.4 CITY-ST-ZIP	FL. LAUDERDALE, FL 33309
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C.V. HALPERN, KEITH
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Hollywood, FL 33
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MITCHELL LAZARUS**

DATE

**4/30/96**

DATE OF FILING

**954-923-0530**

CR2E034 (12/95)