

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

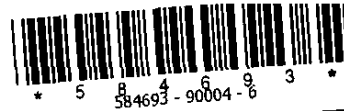
DOCUMENT # N 98000000343

1. Corporation Name SELECT INTERNATIONAL DONORS, INC.

Principal Place of Business	Mailing Address
160 S.W. 12th Ave. #103B Deerfield Beach, Fl. US 33442	160 SW 12th Ave. #103B Deerfield Beach, Fl US 33442

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90014 048 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 1/20/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0805858	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
Battista, Denise 160 S.W. 12th Ave. #103B Deerfield Beach, Fl. 33442		<table border="1"> <tr> <td>81</td> <td>Name</td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84</td> <td>City</td> </tr> <tr> <td>85</td> <td>Zip Code</td> </tr> </table>		81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	85	Zip Code
81	Name												
82	Street Address (P.O. Box Number is Not Acceptable)												
83													
84	City												
85	Zip Code												

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	PDST "D" <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Battista, Denise	1.2 NAME	
STREET ADDRESS	160 S.W. 12th Ave. #103B	1.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	1.4 CITY-ST-ZIP	
TITLE	Vice-President "D" <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wance, Gary	2.2 NAME	
STREET ADDRESS	160 S.W. 12th Ave. #103B	2.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Battista, Daniel	3.2 NAME	
STREET ADDRESS	160 S.W. 12th Ave. #103B	3.3 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach, Fl. 33442	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 617, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.16.99 (954) 571-1996

CR2E037 (11/98)