

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 9:28

DOCUMENT # **P39174**

(8)

1. Corporation Name

SELECT LEASING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1377 CLINT MOORE RD.
BOCA RATON FL 33487**

Mailing Address

**1377 CLINT MOORE RD.
BOCA RATON FL 33487**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

94-3140024

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

2a. Mailing Address

21 **1301 W. Newport Center Dr.** 26 **1301 W. Newport Center Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Deerfield Beach, FL** 28 **Deerfield Beach, FL**

Zip

Country

Zip

Country

24 **33442**

25

29 **33442**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATIONS SYSTEM
1200 S. PINE ISLAND RD.,
PLANTATION FL 33324**

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, typed or printing name of registered agent and the filer if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CM	VAN ARNEM, HAROLD L.	1377 CLINT MOORE RD.	BOCA RATON FL
PD	MCKNIGHT, N. PHILIP	1377 CLINT MOORE RD.	BOCA RATON FL
RD	CLARKE, BEAUFORT J.D.	1377 CLINT MOORE RD.	BOCA RATON FL
T	DECKER, JULIA M	1377 CLINT MOORE RD	BOCA RATON FL
SD	ALLEN, BETTY E.	1377 CLINT MOORE RD.	BOCA RATON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
☒ Change ☐ Addition			
1301 W. Newport Center Dr.			
Deerfield Beach, FL 33442			
2. TITLE	2. NAME	2. STREET ADDRESS	2. CITY - ST - ZIP
☒ Change ☐ Addition			
1301 W. Newport Center Dr.			
Deerfield Beach, FL 33442			
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY - ST - ZIP
☐ Change ☐ Addition			
1301 W. Newport Center Dr.			
Deerfield Beach, FL 33442			
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP
☒ Change ☐ Addition			
1301 W. Newport Center Dr.			
Deerfield Beach, FL 33442			
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP
☐ Change ☐ Addition			
1301 W. Newport Center Dr.			
Deerfield Beach, FL 33442			
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP
☐ Change ☐ Addition			

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julia M. Decker

4/24/95

305-570-7674

Date

Telephone #