

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**DOCUMENT # P92000001859 (7)**

**95 FEB 28 PM 3:44**

1. Corporation Name  
**SELECT FLORIDA PROPERTIES, INC.**

Principal Place of Business  
**680 US HWY ONE  
NORTH PALM BEACH FL 33408  
US**

Mailing Address  
**PO BOX 10873  
RIVIERA BEACH FL 33419-0873  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/30/1992</b>	3a. Date of Last Report <b>03/11/1994</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0371794</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>TEED, FREDERICK A 680 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ASD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CROMWELL, ROBERT F</b>	1.2 NAME	<b>Baker, Larry J.</b>
STREET ADDRESS	<b>680 U.S. HIGHWAY ONE</b>	1.3 STREET ADDRESS	<b>5577 Gen Club Road</b>
CITY - ST - ZIP	<b>NORTH PALM BEACH FL</b>	1.4 CITY - ST - ZIP	<b>West Palm Beach, FL</b>
TITLE	<b>VE</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOWARD, CECIL F JR.</b>	2.2 NAME	<b>Stevenson, Harold I.</b>
STREET ADDRESS	<b>2251 QUAIL RIDGE</b>	2.3 STREET ADDRESS	<b>4239 Hickory Drive</b>
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL</b>	2.4 CITY - ST - ZIP	<b>Palm Beach Gardens, FL</b>
TITLE	<b>PD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PITTARD, JAMES B JR</b>	3.2 NAME	<b>Howard, Cecil F. Jr.</b>
STREET ADDRESS	<b>1402 INDIAN RD</b>	3.3 STREET ADDRESS	<b>2251 Quail Ridge</b>
CITY - ST - ZIP	<b>W PALM BEACH FL</b>	3.4 CITY - ST - ZIP	<b>Palm Beach Gardens, FL</b>
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEED, FREDERICK A</b>	4.2 NAME	<b>Teed, Frederick A.</b>
STREET ADDRESS	<b>431 OYSTER RD</b>	4.3 STREET ADDRESS	<b>431 Oyster Rd</b>
CITY - ST - ZIP	<b>N PALM BEACH FL</b>	4.4 CITY - ST - ZIP	<b>North Palm Beach, FL</b>
TITLE	<b>V</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REINHARDT, MICHAEL E</b>	5.2 NAME	
STREET ADDRESS	<b>183 E TALL OAKS CIR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PALM BEACH GARDENS FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROUSSEAU, DEBORAH M</b>	6.2 NAME	
STREET ADDRESS	<b>709 LIGHTHOUSE DR</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>N PALM BEACH FL</b>	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 in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah Rousseau Secretary **2/9/95** **407-881-4445**  
Typed Name and Title of Signing Officer or Director Date Office Phone