## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

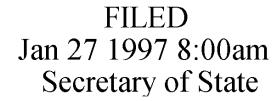
Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P92000009270 (9)

SELECTIVE ARTS, INC.

Principal	Place of	Business
-----------	----------	----------

Mailing Address





2650 N.W. 2ND AVENUE BOCA RATON FL 33432			2650 N.W. 2ND AVENUE BOCA RATON FL 33431-6610							
						<ol> <li>Date Incorporated or Qualified</li> <li>12/02/1992</li> </ol>		te of Las 01/199	st Report	
2. Principal Pla	ce of Business	2a, Mailing Addr	ess	<del></del>		4. FEI Number			Applied For	
21		26				65-0377172			Not Applicat	
Suite. Apt. #	, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			5 Additional Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees	
Z(p 24	Country 25	Zip <b>29</b>		Countr 30	y 	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
ļ <u> </u>	9. Name and Address of Cui	rrent Registered Agent			T	10. Name and Address of New Re	gistered /	agent		
	er, mitchell d'esq			81	Name					
	e. Broward Boulevard E 1950			82		dress (P.O. Box Number is Not Acceptab	ole)			
FT. L	AUDERDALE FL 33394			83	<b>}</b>	1				
				84	City		FL	85	Zip Code	
agent Lam SIGNATURE _	gistered agent, or both, in the Stamiliar with, and accept the of	oligations of, Section 607.	.0505. Flo	rida Statute	S.	ation's board of directors. I hereby acception	DATE	ointment	as registered	
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	TORS IN 12	
TITLE	D	☐ DE	LETE	1.1 TITLE				Chan	ge 🔲 Addit	
NAME	NODEN, ANN			1.2 NAME	į					
STREET ADORESS	2650 N.W. 2ND AVENUE			1.3 STREE	T ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33432			1.4 CITY-	ST - ZIP					
TITLE		☐ D5	ELETE	2.1 TITLE				Chan	ige 🔲 Addit	
NAME				2.2 NAME	İ					
STREET ADDRESS				2.3 STREE	T ADDRESS		. 4.			
CITY - ST - ZIP		T I he	ri etc	2. 4 CITY	ST-ZIP		<del></del>	1 1 0		
TITLE		□ OB	ELETE	3.1 TITLE	}			Chan	ige 🔲 Addit	
NAME STREET ADDRESS				3.2 NAME	T ADDRESS					
CITY-ST-ZIP				34. CITY-	· i					
TIFLE		□ DE	ELETE	4.1 TITLE	31-21			☐ Chan	igeAddit	
NAME		_		4. 2 NAM	:				• —	
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				4.4 CITY-	ST-ZIP					
TITLE		□ DE	ELETE	5.1 TITLE				Char	age 🔲 Addit	
NAME				5.2 NAME	.					
STREET ADDRESS				5.3 STREE	T ADDRESS					
CITY-ST-ZIP				5.4 CITY-	ST-ZIP			-		
TITLE		☐ DE	ELETE	6.1 TITLE	7			Chan	nge 🔲 Addit	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADORESS	and the second second				
CITY-ST-ZIP				6.4 CITY	ST-ZiP					

I do 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 armual 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: