

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:02

DOCUMENT # **P93000068840 (6)**

1. Corporation Name
SELECT FLORIDA PROPERTIES II, INC.

DO NOT WRITE IN THIS SPACE.

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

Mailing Address
**680 US HWY ONE
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified **09/29/1993** 3a. Date of Last Report **03/11/1994**

4. FEI Number **65-0445878** 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. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address
P.O. Box 10673

27. Suite, Apt. #, etc.
Riviera Beach

28. City & State
FL 33419

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**TEED, FREDERICK A
680 US HWY ONE
NORTH PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

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 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **ASD**

NAME **CROMWELL, ROBERT F**

STREET ADDRESS **680 US HWY ONE**

CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **VD**

NAME **HOWARD, CECIL F JR**

STREET ADDRESS **2251 QUAIL RIDGE**

CITY-ST-ZIP **PALM BCH GDNS FL**

TITLE **PD**

NAME **PITTARD, JAMES B JR**

STREET ADDRESS **1402 INDIAN RD**

CITY-ST-ZIP **W PALM BCH FL**

TITLE **V**

NAME **TEED, FREDERICK A**

STREET ADDRESS **431 OYSTER RD**

CITY-ST-ZIP **NORTH PALM BEACH FL**

TITLE **V**

NAME **REINHARDT, MICHAEL E**

STREET ADDRESS **153 E TALL OAKS CIR**

CITY-ST-ZIP **PALM BCH GDNS FL**

TITLE **S**

NAME **ROUSSEAU, DEBORAH M**

STREET ADDRESS **709 LIGHTHOUSE DR**

CITY-ST-ZIP **NO PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE **T** Change Addition

12. NAME **Baker, Larry J.**

13. STREET ADDRESS **5577 Gun Club Road**

14. CITY-ST-ZIP **West Palm Beach, FL**

21. TITLE **D** Change Addition

22. NAME **Stevenson, Harold I**

23. STREET ADDRESS **4239 Hickory Dr.**

24. CITY-ST-ZIP **Palm Beach Gardens, FL**

31. TITLE **V** Change Addition

32. NAME **Howard, Cecil, F. Jr.**

33. STREET ADDRESS **2251 Quail Ridge**

34. CITY-ST-ZIP **Palm Beach Gardens, FL**

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. 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 if changed, or on an attachment with an address.

SIGNATURE: Deborah M. Rousseau Secretary 2/9/95 407-881-4945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)