FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000070582 (0)**

1. Corporation Name

G.M. SELBY & ASSOCIATES OF WISCONSIN, INC.

Principal Place of Business	Mailing Address
9500 S DADELAND BLVD #705 MIAMI FL 33156	9500 S DADELAND BLVD #705 MIAMI FL 33156

2. Principal Place of Business	2a. Mailing Address
21 9500 S. Dadeland Blvd	26
Suite/Apt. #, c/o 22 Suite 201	27 Suite/Apt. #, c/o
City & State 23 Miami, Fl.	28 City & State
Zip / Country 24 33156 / 25 Dade	29 Zip / 30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1993	04/10/1995

4. FEI Number: 65-0441102 ☐ 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

9. Name and Address of Current Registered Agent

ZADIKOFF, GERALD
9500 S DADELAND BLVD
#705
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.0403 and 607.1503, 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ZADIKOFF, GERALD	
STREET ADDRESS	9120 SW 125 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPT	☐ DELETE
NAME	ZADIKOFF, MARINA	
STREET ADDRESS	9120 SW 125 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	KNICKREHM, MICHAEL C	
STREET ADDRESS	432 FREEMONT STREET	
CITY-ST-ZIP	LAKE MILLS WI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an asterisk or on an attachment with an asterisk.

SIGNATURE: Marina Zadikoff 4/17/96 3056702216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #