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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997

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 SUITE 201 MIAMI FL 33156 US	9500 S DADELAND BLVD #705 MIAMI FL 33156-2849

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 04/22/1996
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

2. Principal Place of Business	2a. Mailing Address
21 7400 SW 50th TERRACE	26 7400 SW 50th TERRACE
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33155 Country 25 US	Zip 29 33155 Country 30 US

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: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 7400 SW 50th TERRACE
83 SUITE 100
84 City: MIAMI FL 85 Zip Code: 33155

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ZADIKOFF, GERALD		1.2 NAME	
STREET ADDRESS	9120 SW 125 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ZADIKOFF, MARINA		2.2 NAME	
STREET ADDRESS	9120 SW 125 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	[redacted]	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KNICKREHM, MICHAEL C		3.2 NAME	
STREET ADDRESS	432 FREEMONT STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MILLS WI		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. 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 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 changed, or on an attachment with an address.

SIGNATURE _____ 6/17/97