

APPROVED
AND
FILED

1997 JUN 24 AM 9: 01

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 9500 S DADELAND BLVD SUITE 201 MIAMI FL 33156 US		Mailing Address 9500 S DADELAND BLVD #705 MIAMI FL 33156-2849	
2. Principal Place of Business 21 7400 SW 50th TERRACE Suite, Apt. #, etc. 22 SUITE 100 City & State 23 MIAMI, FL Zip Country 24 33155 25 US		2a. Mailing Address 26 7400 SW 50th TERRACE Suite, Apt. #, etc. 27 SUITE 100 City & State 28 MIAMI, FL Zip Country 29 33155 30 US	
9. Name and Address of Current Registered Agent			
ZADIKOFF, GERALD 9500 S DADELAND BLVD #705 MIAMI FL 33156			81 Name SAME 82 Street Address 7400 83 SUITE 84 City MIAMI
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporate office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and fee if applicable			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZADIKOFF, GERALD 9120 SW 125 TERRACE MIAMI FL ☐ DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ZADIKOFF, MARINA 9120 SW 125 TERRACE MIAMI FL ☐ DELETE		
NAME STREET ADDRESS CITY-ST-ZIP	KNICKREHM, MICHAEL C 432 FREEMONT STREET LAKE MILLS WI ☐ DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		
13.			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

3. Date Incorporated or Qualified 10/05/1993	5a. 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	
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.0502 and 607.1308, 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, if applicable		INCH - Registered Agent signature required when reinstating	

12. OFFICERS AND DIRECTORS **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	P	DELETE	11/11/11	Change	Addition

NAME	ZADIKOFF GERALD	12 NAME
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NAME	ZADKOFF, GERALD	12 NAME	
STREET ADDRESS	0100 SW 125 TERRACE	13 COUNTRY ADDRESS	

STREET ADDRESS 8120 SW 123 TERRACE 13 STREET ADDRESS

CITY-ST-ZIP MIAMI FL 14 CITY-ST-ZIP

TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
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NAME	ZADIKOFF, MARINA	22 NAME	
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STREET ADDRESS	9120 SW 125 TERRACE	23 STREET ADDRESS
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MIAMI FL 33108, FL ZIP

☐ **Change** ☐ **Addition**

KARAKOREN MICHAEL C

NAME	KNICKHEIM, MICHAEL C 104 BETHUNE STREET	3.2 NAME	
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STREET ADDRESS **432 FREEMONT STREET** 33 STREET ADDRESS

CITY-ST-ZIP LAKE MILLS WI 34 CITY-ST-ZIP 400002225124--9

TITLE	☐ DETAIL	41 TITLE	-06/27/97--01082--008 Addition
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NAME	4 2 NAME	***165.00	***165.00
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610551 ADDRESS	42 STREET ADDRESS
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STREET ADDRESS	45 STREET ADDRESS
City, State, Zip	City, State, Zip

CITY-ST-ZIP	NAME	PHONE	CHARGE	ADDRES
44001	44001	44001	44001	44001

TITLE	DATE	STATE	Change	ADDITION
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NAME	5.2 NAME
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STREET ADDRESS _____ 53 STREET ADDRESS _____

CITY - ST - ZIP 54 CITY - ST - ZIP

TITLE	DELETE	6.17TIME	Change	Addition
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DATE	10/10/1964	TIME	1400
LOCATION	62 NAME		
REMARKS	100 30		

NAME	DATE	TIME	SCORE
1. NAME	2. NAME	3. NAME	4. NAME
5. NAME	6. NAME	7. NAME	8. NAME
9. NAME	10. NAME	11. NAME	12. NAME
13. NAME	14. NAME	15. NAME	16. NAME
17. NAME	18. NAME	19. NAME	20. NAME
21. NAME	22. NAME	23. NAME	24. NAME
25. NAME	26. NAME	27. NAME	28. NAME
29. NAME	30. NAME	31. NAME	32. NAME
33. NAME	34. NAME	35. NAME	36. NAME
37. NAME	38. NAME	39. NAME	40. NAME
41. NAME	42. NAME	43. NAME	44. NAME
45. NAME	46. NAME	47. NAME	48. NAME
49. NAME	50. NAME	51. NAME	52. NAME
53. NAME	54. NAME	55. NAME	56. NAME
57. NAME	58. NAME	59. NAME	60. NAME
61. NAME	62. NAME	63. NAME	64. NAME
65. NAME	66. NAME	67. NAME	68. NAME
69. NAME	70. NAME	71. NAME	72. NAME
73. NAME	74. NAME	75. NAME	76. NAME
77. NAME	78. NAME	79. NAME	80. NAME
81. NAME	82. NAME	83. NAME	84. NAME
85. NAME	86. NAME	87. NAME	88. NAME
89. NAME	90. NAME	91. NAME	92. NAME
93. NAME	94. NAME	95. NAME	96. NAME
97. NAME	98. NAME	99. NAME	100. NAME

STREET ADDRESS

CITY-SI-ZIP 64 CITY-SI-ZIP

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

✓ Wardell M. 714 CC 100 04/7/04 800 6005370

CR2E034 (9/96)