

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

**APPROVED  
AND  
FILED**

95 MAR 23 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000052119 (2)

1. Corporation Name  
1ST SELECT, INCORPORATED

Principal Place of Business      Mailing Address  
250 TEQUESTA DRIVE      250 TEQUESTA DRIVE  
SUITE 300      SUITE 300  
TEQUESTA FL 33469      TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
07/14/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	2536 COUNTRYSIDE BLVD	26		59-326-1048		Not Applicable	
Suits, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22	SIXTH FLOOR	27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23	CLEARWATER FL	28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	34623	25					
Zip		Country		Zip		Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MALONEY, JOHN L 5335 68TH STREET NORTH ST. PETERSBURG FL 33709				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 607.0502 and 607.1509, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOESCH, GARY	1.2 NAME	
STREET ADDRESS	2536 COUNTRYSIDE BLVD., 6TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, LARRY	2.2 NAME	
STREET ADDRESS	2536 COUNTRYSIDE BLVD., 6TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, MARK	3.2 NAME	
STREET ADDRESS	901 NORTHPOINT PARKWAY, SUITE 304	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BARRY, ROBERT
STREET ADDRESS		4.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD, 6TH FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE		5.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ADKINS, SHIRLEY
STREET ADDRESS		5.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD, 6TH FLOOR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE		6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	THORNTON, R. MAURY
STREET ADDRESS		6.3 STREET ADDRESS	2536 COUNTRYSIDE BLVD, 6TH FLOOR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CLEARWATER, FL 34623

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 110.07(3)(a), 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 its 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: *[Signature]* R. Maury Thornton      3/20/95      (813) 726-0726