

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000060373 (5)

1. Corporation Name
SELECT CAPITAL ADVISORS, INC.



Principal Place of Business 1221 BRICKELL AVE STE 1010 MIAMI FL 33131 US	Mailing Address 1221 BRICKELL AVE STE 1010 MIAMI FL 33131-3258 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	3. Date Incorporated or Qualified 08/11/1994	3a. Date of Last Report 02/06/1996	4. FEI Number 65-0511961	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 FERNANDEZ-RUBIO, RAMON A. J 1221 BRICKELL AVE STE 1010 MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name G. WILLIAM LINDSEY 82 Street Address (P.O. Box Number is Not Acceptable) 4111 VAN BUREN ST. 83 84 City HOLLYWOOD 85 Zip Code FL 33021
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* G. WILLIAM LINDSEY 4/30/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, A RONALD G. 1221 BRICKELL AVE, STE 1010 MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD WILLIAMS, RONALD G 1221 BRICKELL AVE, STE 1010 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD LYLE J. MORTENSEN 6525 N. MACARTHUR BLVD #550 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D WALTER KOLKER 1221 BRICKELL AVE, STE 1010 MIAMI, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* RONALD G. WILLIAMS 4/30/97

CR2E034 (9/96)