

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90009 004 ***150.00

DOCUMENT # P94000060373

1. Corporation Name

(1)

SELECT CAPITAL ADVISORS, INC.

Principal Place of Business

Mailing Address

1111 BRICKELL BAY DR
3309
MIAMI, FL 33131

400 N. MAIN ST.
SUITE 103
GRAPEVINE, TX 76051



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-11-94

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD G. WILLIAMS
1221 BRICKELL AVE. STE 1040
MIAMI FL 33131

81 Name

RONALD G. WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

1111 BRICKELL BAY DR

83

Apt 3309

84 City

MIAMI

FL

85

Zip Code
33131

11. Pursuant to the provisions of Sections 607.0509 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 entering with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Ronald G. Williams*
Signature, typed or printed name of registered agent and title if applicable

RONALD G. WILLIAMS, President 4/21/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	WILLIAMS, RONALD G	1221 BRICKELL, #1010	MIAMI FL 33131
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	RONALD G. WILLIAMS	1111 BRICKELL BAY DR Apt 3309	MIAMI, FL 33131
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I 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: *Ronald G. Williams* RONALD G. WILLIAMS 4/29/99 (305) 358-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR