PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

| DOCUMENT # | P94000085853 |
|------------------|--------------|
| Corporation Name | F34000000000 |

SELMARK GROUP, INC.

Principal Place of Business

240 WINDWARD PASSAGE

CLEARWATER FL 34630

Mailing Address
831 E MOOREHEAD ST
SUITE 900

CHARLOTTE NC 28202

US

2: Principal Place of Business 26 21 Suite, Apt. #, etc. 22 27 City & State 23 28 Zip Country 29 25 24 9. Name and Address of Current Regi

> BOCK, SHARON R ESQ 255 ALHAMBRA CIR SUITE 610 CORAL GABLES FL 33134

Pursuant to the provisions of Sections 607.0502 and to office or registered agent, or both, in the State of Flori agent. I am familiar with, and accept the obligations or

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90148 026 ***150.00

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| | ī | | | Applied For |
| | 19 | | | Not Applicable |
| | Status Desired | | - | 75 Additional e Required |
| , In | npaign Financing | | | 00 May Be ded to Fees |
| Mys / Mys | ition owes the curr operty Tax. | ent year Int | angible Yes | □No |
| | Address of New Registered Agent | | | |
| . 0 01 | | | | · |
| | ber is Not Accepta | able) | | |
| Mon | ·— | | | |
| page 16 | | FL | 85 | Zip Code |
| nar oar Nar | statement for the | purpose of | changin ntment a | g its registered as registered |

3 Date Incorporated or Qualifed

| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Reg | istered Agent signature re | quired when reinstating) DATE | | | | | |
|----------------|---|------------|----------------------------|-----------------------------------|---|------------|--|--|--|
| 12. | OFFICERS AND DIRECTORS | | | ADDITIONS/CHANGES TO OFFICERS AND | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | |
| TITLE | DP 🗆 D | ELETE | 1.1 TITLE | | Change | ☐ Addition | | | |
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| | A SELECTION OF THE SECOND | 1 | 1.3 STREET ADDRESS | | | | | | |
| STREET ADDRESS | | 1 | 1.4 CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | CLEARWATER FL | ELETE | | | Change | ☐ Addition | | | |
| TITLE | L D | PELETE | 2.1 TITLE | | | | | | |
| NAME | | | 2.2 NAME | | | | | | |
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| TITLE | D: | DELETE | 4.1 TITLE | <u> </u> | Change | Addition | | | |
| NAME | | | 4.2 NAME | | | | | | |
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| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | |
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| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | |
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| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | | | | |

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 informatic 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 of 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 an autochrient with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytim

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