

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
32399-0001

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS

95 MAY - 1 PM 1:43

DOCUMENT # **P94000088999 (5)**

SELECT FUNDING ASSOCIATES, INC.

2. Principal Office Address		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of last report	
2665 SO. BAYSHORE DRIVE COCONUT GROVE FL 33133		2665 SO. BAYSHORE DRIVE COCONUT GROVE FL 33133		12/07/1994			
21. Principal Office Address		2a. Mailing Address		4. FID Number		Applied For	
26		26		45-0575687		Not Applicable	
22. State Agent		27. State Agent		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24. City		29. City		8. This corporation has liability for delinquencies under 1994 F.S. 219.001		Florida Statutes: ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GARS, IRWIN S 2665 SO. BAYSHORE DRIVE COCONUT GROVE FL 33133				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City			
				85. Zip Code			

11. Pursuant to the provisions of Sections 219.001 and 219.002, 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 219.001, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P GARS, IRWIN S 2665 SO. BAYSHORE DRIVE COCONUT GROVE FL 33133	NAME	
STREET ADDRESS	VS LENARD, HOWARD B 2665 SO. BAYSHORE DRIVE COCONUT GROVE FL 33133	STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

REMITTED BY MAY 1

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin S. Gars IRWIN S. GARS

4/20/95