

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90040 047 ***150.00

DOCUMENT # P95000065615

1. Corporation Name

SELECT REALTY SERVICES, INC.



Principal Place of Business

555 W. GRANADA BLVD
SUITE E-8
ORMOND BEACH FL 32174
US

Mailing Address

P.O. BOX 730531
ORMOND BEACH FL 32173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number

59-3333038

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 the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6 Beagles Rest

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Ormond Beach, FL

28 City & State

Zip Country

24 32174 25 US

29 30

9. Name and Address of Current Registered Agent

JANZEN, DIANA
34 MEADOW RIDGE VIEW
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

Diana Janzen

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

6 Beagles Rest

83

84 City

Ormond Beach

FL

85 Zip Code
32174

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Diana Janzen

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-4-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PST
NAME JANZEN, DIANA
STREET ADDRESS 34 MEADOW RIDGE VIEW
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST
1.2 NAME Diana Janzen
1.3 STREET ADDRESS 6 Beagles Rest
1.4 CITY-ST-ZIP Ormond Beach, FL 32174

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Diana Janzen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

904.677-0292

Daytime Phone #

CR2E034 (11/98)