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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	=	4L REPORT 996		7	cretary of S		NS .							
D	OCUM Corporation N	NENT #	P95000	0085420	(4)									
	FOITO	R'S SELECT	TION, INC.											
	LUITO	II O OLLLO	11011, 1110					Į						
Principal Place of Business M				Mailing Address										
2340 SUNSET AVE INDIALANTIC FL 32903				2340 SUNSET AVE Indialantic FL 32903				:						
									3. Date incorporated or 11/06/1995	Qualified	3a. Date	e of Last F		
2.	Principal Plac	e of Business		2a. Mailing Address					4. FEI Number	13.~	. 4 15	<u> </u>	Applied For	
21				26					59-33	וגב ז	1/	60.7	Not Applicab	<u></u>
22	Suite, Apt. #,	, etc.		Suite, Apt. #, etc 27	c.				5. Certificate of Status D	esired			5 Additional Required	
	City & State			City & State					Election Campaign Fir Trust Fund Contribution)0 May Be ed to Fees	
	Zip	├ ─¬	Country	Zip		Country			This corporation has I Florida Statutes	ability for	intangible t	ax under s	s 199.032,	
24		25]	Address of Current	29 Registered Agent	30				10. Name and Address			Agent		\neg
g. Name and Address of Current Registered Agent							Name							
MOORE, MICHAEL D						82	Street	Addres	dress (P.O. Box Number is Not Acceptable)					_
2340 SUNSET AVE					83									—
	INDIALA	ANTIC FL 329	03			03								
						84	City				FL	8 5 Z	Zip Code	!
11	. Pursuant to	the provisions	of Sections 607.0502 a	and 607.1508, Florida 5	tatutes, the	above-	nanted c	orporat	ion submits this statement	for the pu	rpose of ch	nanging its	registered of	fice
'	or registere	id agent or both	in the State of Florida	a. Such change was au n 607.0505, Florida Sta	thorized by	the corp	oration's	board	of directors. I hereby acce	praneapp	omment a	s registe e	o agent. I am	'
Sie	GNATURE	NATURE												
		Signature typed or prin	fled harrie of registered against ar		(NOTE: Reg	<u>_</u>	nt signature	required v	then reinstating' ADDITIONS/CHANGE	S TO OFF	DATE ICEBS AN	D DIRECT	ORS IN 12	
12			OFFICERS AND	DIRECTORS		13.		00	BS: DANT	0.0001	102.107.11	☐ Change	Additio	n
TIT	l			Д мес.	l.	12 NAME			ICHABL MOS	12			•	
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UI	11.01.715			[] DELET	F	6.1 THE		1				Charig	e 🔲 Additi	on _

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify 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.

6.2 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

4/25-/96 407/ 773-9306