

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000096346 (8)

1. Corporation Name

SELECT FUNDING CORPORATION



Principal Place of Business

25 OAKLAND HILLS COURT
ROTONDA WEST FL 33947

Mailing Address

25 OAKLAND HILLS COURT
ROTONDA WEST FL 33947-2236

2. Principal Place of Business

21 8381 Chelsea Court
Suite, Apt. #, etc.

22

City & State

23 North Port, FL
Zip Country

24 34287

25

2a. Mailing Address

26 8381 Chelsea Court
Suite, Apt. #, etc.

27

City & State

28 North Port, FL
Zip Country

29 34287

30

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0631608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

ANDERSON, DAVID L
25 OAKLAND HILLS COURT
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

81 Name

Anderson David L.

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

8381 Chelsea Court

83

84 City

North Port

FL

85 Zip Code

34287

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

David L. Anderson

(Signature, typed or printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

Jan 6 - 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, DAVID L
STREET ADDRESS 25 OAKLAND HILLS COURT
CITY-ST-ZIP ROTONDA WEST FL 33947

☐ DELETE

TITLE SD
NAME WILSON, SHERRY
STREET ADDRESS 8381 CHELSEA COURT
CITY-ST-ZIP NORTH PORT FL 34287

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Anderson David L.
1.3 STREET ADDRESS 8381 Chelsea Court
1.4 CITY-ST-ZIP North Port, FL 34287

☒ Change

☐ Addition

2.1 TITLE SD
2.2 NAME Anderson Sherry L.
2.3 STREET ADDRESS 8381 Chelsea Court
2.4 CITY-ST-ZIP North Port, FL 34287

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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:

David L. Anderson

Jan 6 1997

941-423-4301

CR2E034 (9/96)