2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 28, 2004 08:00 AM DOCUMENT # P96000019335 **Secretary of State** 1. Entity Name SOUTHERN SELECT CONSTRUCTION CORP. Principal Place of Business Mailing Address 6555 W. BROWARD BLVD. #404 6555 W. BROWARD BLVD. #404 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0665280 Not Applicable Zio Z_{10} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMPERT, GARY B Street Address (P.O. Box Number is Not Acceptable) 6555 W. BROWARD BLVD. #404 PLANTATION FL 33317 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 33. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 TITLE ☐ Detete TITLE Change Addition LAMPERT, GARY B NAME NAME U00000018927 STREET ADDRESS 6555 W. BROWARD BLVD., #404 STREET ADDRESS 01/29/04-80007-002 150.00 PLANTATION FL CITY-ST-ZIP CETY ST-78P VΡ TITLE Delete TELE ☐ Change Addition LAMPERT, SHIRLEY A NAME NAME STREET ADDRESS 6555 W. BROWARD BLVD., #404 STREET ADDRESS PLANTATION FL CITY-ST-ZIP (3TY-ST-Z@ Delete TITLE TITLE Channe Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME MASSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CBY-SI-3P Delete TIRE ☐ Change Addition NAME NAKAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY - ST- ZIP

SIGNATURE:

CITY-ST-ZIP

Gary B. Lampert, Pres. 1/26/04 954-583-07/8