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May 12 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 # P96000072203 (8)

1. Corporation Name
SELECT ASSET MANAGEMENT, INC.



Principal Place of Business

5525 MACARTHUR BOULEVARD
#480
IRVING TX 75038

Mailing Address

5525 MACARTHUR BOULEVARD
#480
IRVING TX 75038-2634

3. Date Incorporated or Qualified

08/29/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip

Country

29

75038

30

4. FEI Number

65-0696232

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LINDSEY, G. WILLIAM
1500 CORDOVA ROAD
SUITE 309
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81

Name

LINDSEY, G. WILLIAM

82

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

4117 VAN BUREN ST.

83

84

City

HOLLYWOOD

FL

85

Zip Code

33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME LINDSEY, G. WILLIAM
STREET ADDRESS 1500 CORDOVA RD, STE 309
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ DELETE

S
NAME MORTENSEN, LYLE J
STREET ADDRESS 5525 MACARTHUR BLVD, STE 480
CITY-ST-ZIP IRVING TX 75038

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME LINDSEY, G. WILLIAM

1.3 STREET ADDRESS 4117 VAN BUREN ST.

1.4 CITY-ST-ZIP HOLLYWOOD, FL. 33021

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MORTENSEN, LYLE J.

2.3 STREET ADDRESS 5525 NORTH MACARTHUR BLVD., SUITE 550

2.4 CITY-ST-ZIP IRVING, TX. 75038

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LYLE J. MORTENSEN (972) 580-7945

CR2E034 (9/96)