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

**PROFIT CORPORATION** ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000023162 (5)

SELECT INDUSTRIES (U.S.A.) INC.

## **FILED** May 14 1998 8:00am Secretary of State



		A delication of the second of		
Principal Place of Business Mailing Address				
4134 GULF OF MEXICO DRIVE		4134 GULF OF MEXICO DRIVE		
SUITE 302 LONGBOAT KEY FL 34228		SUITE 302 LONGBOAT KEY FL 34228		DO NOT WRITE IN THIS SPACE
TOMODON: VC1 LE 24550		CONODONI NET LE CASSO		3. Date Incorporated or Qualified
				03/13/1997
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0738284 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29 30	0	Personal Property Tax due June 30. L Yes LVNo
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent				
l coi	LES, DERICK M		81 Na	ne į
4134 GULF OF MEXICO DRIVE			82 Str	eet Address (P.O. Box Number is Not Acceptable)
SUITE 302				
LONGBOAT KEY FL 34228			83	
			84 City	85 Zip Code
			104 011	FL   S   Z   P 00000
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, typod or priviled name of registered agent and little if appticable (NOTE Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	COLES, DERICK M		1.2 NAME	SS KISK, SULF OF MAXICO DRIVE,
STREET ADDRESS	4134 GULF OF MEXICO DRIVE		1.3 STREET ADDA	SS MISK, SUAF OF MAXIED DAVING
CITY-ST-ZIP	LONGBOAT KEY FL 34228		1.4 CITY-ST-ZIP	LONG BOAT KRY, FL. 34228.
TITLE	٧D	L_) DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLES, JASON D		2.2 NAME	
STREET ADDRESS	4134 GULF OF MEXICO DRIVI	•	2.3 STREET ADDRI	iss
CITY-ST-ZIP	LONGBOAT KEY FL 34228	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDR	SSS
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change L Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDR	SSS
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change L. Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDR	SS
CITY-ST-ZIP			5.4 CHY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDR	ass
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
0111-01-61F		th this filing does not qualify for		stated in Section 119 07/3\(\text{Vi}\) Florida Statutes I further certify that the information

I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the recoiver 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.