

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90197 048 ***150.00

DOCUMENT # P97000082465

1. Corporation Name
SELECT MORTGAGE, INC.

Principal Place of Business
129 N.W. 13TH STREET D-17
BOCA RATON FL 33432

Mailing Address
129 N.W. 13TH STREET D-17
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

4. FEI Number

65-0783908

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

7. This corporation owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 400 S DIXIE HWY

2a. Mailing Address

26 400 S. DIXIE HWY

Suite, Apt. #, etc.

22 121

Suite, Apt. #, etc.

27 121

City & State

23 BOCA RATON, FL

City & State

28 BOCA RATON, FL

Zip

24 33432

Country

25 PALM BEACH

Zip

29 33432

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

SCHIESS, MICHEL E
129 N.W. 13TH STREET D-17
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

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

400 S DIXIE HWY, SUITE 121

83

84 City BOCA RATON

FL

85 Zip Code

33432

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

Michel Schieess

DATE

4-12-99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PDCM ☐ DELETE

NAME SCHIESS, MICHEL E
STREET ADDRESS 129 N.W. 13TH STREET D-17
CITY-ST-ZIP BOCA RATON FL 33432

TITLE V ☐ DELETE

NAME SCHIESS, MARIA
STREET ADDRESS 7318 FAIRWAY TR
CITY-ST-ZIP BOCA RATON FL 33487

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 P, S, D, C ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 400 S. DIXIE HWY, SUITE # 121
1.4 CITY-ST-ZIP BOCA RATON, FL 33432

2.1 TITLE V, T ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 400 S. DIXIE HWY, SUITE # 121
2.4 CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE M ☐ Change ☒ Addition

3.2 NAME LETOURNEAU
3.3 STREET ADDRESS 4603 CAVANDISH DR.
3.4 CITY-ST-ZIP TAMARAC, FL 33319

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 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, with all other like empowered.

SIGNATURE: MARIA SCHIESS *Maria Schieess*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

(561) 347-8105

Daytime Phone #

CR2E034 (11/98)

0340241