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FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90076 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE Kati Sec

	1999	THE PARTY OF THE P	DIVISION OF	CORPORA	TIONS			
i. Colpola	JMENT # P98 tion Name t match systems,		154					
Principal Pi	ace of Business	Maill	ng Address	·		i fortige in interferin bein bein bein bein bein be	lt 30313 }899 81889 81	(\$1) 0 101 1001
4519 BEACH BLVD 4519 BEACH BLVD								
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207						DO NOT WRITE IN TI	HIS SPACE	
						3. Data incorporated or Qualifed		
			_			12/07/1998		
2. Principa	onville FL 32207 JACKSONVILLE FL 3 Incipal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State 28 19 Country 25 29 9. Name and Address of Current Registered Agent COLEMAN, WILLIAM H 4519 BEACH BLVD JACKSONVILLE FL 32207 Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of, Section 607.05 NATURE Signature, Speed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS					4. FEI Number	15	
21								
	pt. #, etc.	├ ~				5. Certificate of Status Desired		
22 City & S	City & Stata					- 6: Election Campaign Financing		
23			~ ************************************			Trust Fund Contribution		o Fees
Zip		ļ,	ip .	Coun	ry	 This corporation owes the current year Personal Property Tax. 	Intangible Yes	Tako
24			mel Accent	30		10. Name and Address of New Register		
	3. regular grid Addires				1 Name			
					2 Street Ad	idress (P.O. Box Number is Not Acceptable)		
				Į.				CE Applied For Not Applicable 8.75 Additional Fee Required 6.5.00 May Be Added to Fees ole res Fes Fes Fes Fes Fes Fes Fes Fes Fes F
JA	DRSUNVILLE PL 32201			1	13			
				Ī	4 City		85 Zip (ode
11 Porsus	ent to the nowlsings of Section	ons 607.0502 and 607	1508. Floride Statu	tes, the abo	ove-named co	mention authorite this statement for the purpose	of changing its	registered
l ∧ffice∢	or registered agent, or both,	in the State of Florida.	Such change was a	KULTIONZEG I	A rue corbore	tion's board of directors. I hereby accept the ap	pointment as req	jistered
		pr and banguacito on a						
SIGNATUR	Signature, typed or printed name of				gent signature requ	ADDITIONS/CHANGES TO OFFICERS		DC IN 12
12.		FICERS AND DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	☐ Change	
NAME	COLEMAN, WILLIAM	н		1.2 NAM	1			
STREET ADDRE		••		1.3 STR	ET ADDRESS			
CRY-ST-ZIP	JACKSONVILLE FL 32	2207		1,4 CTTY	-ST-ZIP			
TITLE	DV		DELETE	2.1 TRL	E		Change	Addition
NAME	COLEMAN, IRMA			22 NAN				
STREET ADDRE		****			EET ADORESS			
CITY-ST-ZIP	DST DACKSONVILLE FL 33	220/	☐ DELETE	3.1 TITL	r-sr-zap		Change	Addition
NAME	COLEMAN, AMY			32 NAM	ł			
ı	SS 4519 BEACH BLVD			3.3 STR	ELT ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32	2207			(-ST-ZIP		C105	CT Addition
TITLE			☐ DELETE	4.1 TITL	1		[] Cusude	[] Addition
NAME.				4.2 NA				
STREET ADDRE	ESS			1	EET ADORESS			
CITY-ST-ZIP			DELETE	5.1 TITU	-ST-ZIP		Change	Addition
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STREET ADDRE	E\$8			5.3 STR	EET ADDRESS			
CITY-ST-ZIP					-ST-ZIP		Chann	MAddition.
TITLE			☐ DELETE	6.1 TITL 6.2 NAV	l l		☐ Change	in recording
NAME					EET ADDRESS			
	cont							
STREET ADDRE	ESS			•	-ST-ZP			

14. 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 shell 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:

SIGNATURE:

SIGNATURE SIGNATURE NAME OF SKINNIG OFFICER OR DIRECTOR

4/02/99 904-398-6777



Memorandum

To:

Florida Department Of State

Division Of Corporations

P.O. BOX 6327

Tallahassee, Florida 32314

From:

William H. Coleman

Chairman

Select Match Systems, Inc.

4519 Beach Boulevard

Jacksonville, Florida 32207

Date:

8 July 1999

Re:

Select Match Systems, Inc. Ref. Number: P98000102454

We are returning our Annual Report with Block Number 4 completed.

We do not know why the April 23, 1999 letter from your Department was not delivered by the Post Office. As you can see, the address is the same for that letter as well as your June 25 follow-up.

I trust this will resolve the situation, and that our report will be filed.

Thank you.

Mulle