


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

04-22-1999 90076 031 ****150.00

DOCUMENT - 1

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DE Not Sec DIVISION OF CORPORATIONS	
DOCUMENT # P98000102454 1. Corporation Name SELECT MATCH SYSTEMS, INC.			
Principal Place of Business 4519 BEACH BLVD JACKSONVILLE FL 32207		Mailing Address 4519 BEACH BLVD JACKSONVILLE FL 32207	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent COLEMAN, WILLIAM H 4519 BEACH BLVD JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME DP STREET ADDRESS COLEMAN, WILLIAM H CITY-ST-ZIP 4519 BEACH BLVD JACKSONVILLE FL 32207		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME DV STREET ADDRESS COLEMAN, IRMA CITY-ST-ZIP 4519 BEACH BLVD JACKSONVILLE FL 32207		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME DST STREET ADDRESS COLEMAN, AMY CITY-ST-ZIP 4519 BEACH BLVD JACKSONVILLE FL 32207		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/99 904-398-6777
 Date Daytime Phone #

CR2E034 (11/98)



Pre-Scheduled Appointments System

589601-90008-16
P98000102454

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.