

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S25950** (4)

1. Corporation Name

SELECTIVE SINGLES, INC.

Principal Place of Business

**4000 HOLLYWOOD BLVD., #710
HOLLYWOOD FL 33021**

Mailing Address

**4000 HOLLYWOOD BLVD., #710
HOLLYWOOD FL 33021**

APPROVED
AND
FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/18/1991

3a. Date of Last Report
05/05/1994

2. Principal Place of Business
21 **2699 Stirling Road**

2a. Mailing Address

26

Suite, Apt., #, etc.

Suite C403C

Suite, Apt., #, etc.

27

City & State

Ft. Lauderdale, FL

City & State

28

Zip

33312

Country

U.S.

Zip

29

Country

30

4. FEI Number

65-0303772

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 199.035,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**JACOBSON, LAURIE A
19948 NE 5TH COURT
N. MIAMI BCH. FL 33179**

10. Name and Address of New Registered Agent

81 Name

Laurie Jacobson

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

4901 NE 36th Street

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 the corporation

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**P
JACOBSON, LAURIE A
19948 NE 5TH CT.
NORTH MIAMI BCH, FL 33179**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
**P
JACOBSON, LAURIE A
4901 NE 36th Street
Hollywood, FL 33021**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.07(5)(b), Florida Statutes. I further certify that the information included 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: *Laurie A. Jacobson* LAURIE A. JACOBSON

5/1/95

305-962-2365