FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S49217** **(0)**

1. Corporation Name

FLORIDA SELECT, INC.

Principal Place of Business	Mailing Address
7852 W. IRLO BRONSON HWY KISSIMMEE FL 34747 US	7852 W. IRLO BRONSON HWY KISSIMMEE FL 34747-1729 US

3. Date Incorporated or Qualified 05/01/1991	3a. Date of Last Report 04/26/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3066796	Applied For / Not Applicable
21 _7814 W. IRLO BRONSON_	26 _7814 W. IRLO Bronson_		
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 25 Country	29 Zip 30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHN, JULIAN P 7852 W. IRLO BRONSON HWY KISSIMMEE FL 34747	81 Name 82 Street Address (P.O. Box Number is Not acceptable) _7814 W. IRLO Bronson Hwy_ 83 84 City _Kissimmee_ FL 85 Zip Code _34747_

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **P** ☐ DELETE NAME **JOHN, JULIAN PAUL** STREET ADDRESS **7852 W. IRLO BRONSON HWY** CITY-ST-ZIP **KISSIMMEE FL**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS _7814 W. IRLO BRONSON HWY_ 1.4 CITY-ST-ZIP _KISSIMMEE FL 34747_ ☒ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ DELETE 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 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 hand, or on an attachment with an address.

SIGNATURE: _JULIAN P. JOHN_ _4/17/97_ _407/390-0130_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (9/96)