

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

COMPANIES
ANNUAL REPORT
1995
FLORIDA DEPARTMENT OF STATE
CORPORATION STATE
SECRETARY



APPROVED AND FILED

MAY 10 1995

DOCUMENT # **S98150** (3)

SELECT REAL ESTATE BY STEPHANIE MILLER, INC.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Office: 8192 COLLEGE PKWY FT MYERS FL 33919 US
 Mailing Address: 8192 COLLEGE PARKWAY STE 30 FORT MYERS FL 33919 US

2. Filing Date of Previous Report		2a. Mailing Address		3. Effective Date of Report		3a. Filing Date of Report	
21 1700 Medical Lane		26 1700 Medical Lane		4. CFS Number 65-0298122		Applied For Not Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Fort Myers, Florida		28 Fort Myers, Florida		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 33907		25 Lee		29 33907		30 Lee	

9. Name and Address of Current Registered Agent
COSTELLO, TRUMAN J.
12670 NEW BRITANNY BLVD.
#101
FORT MYERS FL 33907

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number Not Acceptable)
 B3
 B4 City
 FL B5 Zip Code

11. For each of the provisions of Sections 608.01 and 608.02, F.S., 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 this appointment as registered agent. I am familiar with and accept the obligations of such position. Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	D MILLER, STEPHANIE S.
STREET ADDRESS	15750 CATALPA COVE DR
CITY	FORT MYERS FL
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY

NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stipulated in Section 608.01, Florida Statutes. I further certify that the information is indicated on the annual report or supplemental annual report as 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 receive the report as required by Chapter 608, Florida Statutes, and that my name appears on the Florida Department of State's list of officers and directors.

SIGNATURE: *Stephanie S. Miller*
 STEPHANIE S. MILLER, SECRETARY OF SIGNING OFFICER OR DIRECTOR

5/2/95 813-277-1515