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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # V28540

(5)

SELECT FINANCIAL GROUP INC

SELECT	FINANCIAL GROUP, INC.						
Principal Place of Business		Mailing Address			o es die Britana under entde dusin destre san	TI BIBII BIBIT BIBIT BIBIT BIBIT	U1011 HOU
16308 COLWOOD DRIVE ODESSA FL 33132		16306 COLWOOD DRIVE ODESSA FL 33556-2810					
					3. Date Incorporated or Qualified 04/14/1992	3a. Date of Last Re 04/02/1996	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	 	oplied For
Suite, Apt. #, etc			Suite Apt. #, etc.		59-3119708	Not Applicable \$8.75 Additional	
22	#, CIO	27	h		5. Certificate of Status Desired	Fee Re	
City & State	>	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	to Fees	
Zip TT1	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
24	25 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes 10. Name and Address of New Re		
VAC	SAN, EDWIN B.	The grater our regular	8	1 Name	10.	-314144	
	9 ROCKY POINT DRIVE		_	0 0	A-1 (D.O. B V	L1-X	
	TE 102		•	82 Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33607			ε	3			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	84 City			Code
11. Pursuani t	to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	utes, the abo	ve-named	corporation submits this statement for the	purpose of changing it	ts registered
office or re	egistered agent, or both, in the State or familiar with, and accept the obliq	e of Florida. Such change was	s authorized	by the corp	poration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered ap	nent and the if amplicable (Ni	OTF Registered	oent signature	required when reinstating)	DATE	
12.		ND DIRECTORS	13.	gord a granore	ADDITIONS/CHANGES TO OFFIC		IS IN 12
TITLE	Р	DELETE	1.1 TITL	E		☐ Change	Addition
NAME	MAYNE, JANET C.	* *	1.2 NAM	E			
STREET ADDRESS	16308 COLWOOD DRIVE		1.3 \$TR	et address			
CITY-ST-ZIP	ODESSA FL			-ST-ZiP		-	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
TITLE	VST	☐ DELE1E	2.1 TITE		PRESIDENT VS MAYNE, RAND, 14308 COLWOOD ODESSA, FL 3	b Change	Addition
NAME	MAYNE, RANDALL A. 16308 COLWOOD DRIVE		2.2 NAN		MAGNE, KANDI	4// /*	
STREET ADDRESS	ODESSA FL			EET ADDRESS	16308 COLWOOD	2 DN	
CITY-ST-ZIP TITLE	ODEODA I L	DELETE	3.1 TITL	r-ST-ZIP	DOESTA, DE O	Change	Addition
NAME	1		3.2 NAM				
STREET ADDRESS			3.3 STR	ET ADDRESS			
CITY- ST-ZIP			3.4, CIT	Y-ST-ZIP			
TITLE		☐ DELETE	4.1 TITL	E		☐ Change	Addition
NAME			4. 2 NAI	Æ			
\$THEET ADDRESS			4.3 STR	ET ADDRESS			
CITY-S1-ZIP		LIDELETE		-ST-ZIP		T Observe	T a la atrona
TITLE		☐ DEFELE	5.1 TITL			L. Change	Addition
NAME exercit trends on			5.2 NAA	eet address			
STREET ADDRESS CITY-ST-ZIF				-ST-ZIP			
TITLE		☐ DELETE	6.1 TiTL			☐ Change	Addition
NAME			6.2 NAN	16		- -	
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-SI-ZIP			6.4 CITY	-ST-ZIP			
14. I do hereb	by certify that the information supplies indicated on this annual report or	ed with this filing does not qui	alify for the e	xemption s	itated in Section 119.07(3)(i), Florida Statuti I that my signature shall have the same leg	es. I further certify that	the
I am an ol appears i	fricer or director of the corporation on Block 12 or Block 13 if changed	or the receiver or trustee emports or on an attachment with an a	owered to ex	ecute this	report as required by Chapter 607, Florida	Statutes; and that my r	name