

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

COMPANIES OF THE STATE  
ANNUAL REPORT



1995 51195 B-6690 C

DOCUMENT # **S98150** (3)

**SELECT REAL ESTATE BY STEPHANIE MILLER, INC.**

**APPROVED AND FILED**

MAY 10 1995

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

8192 COLLEGE PKWY  
FT MYERS FL 33919  
US

8192 COLLEGE PARKWAY STE 30  
FORT MYERS FL 33919  
US

2. Filing Date		2a. Mailing Address		3. Effective Date of Report		3a. Filing Date of Report	
21 1700 Medical Lane		26 1700 Medical Lane		4. CFC Number 65-0298122		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Fort Myers, Florida		28 Fort Myers, Florida		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 BRITTANY BLVD.  
#101  
FORT MYERS FL 33907

**10. Name and Address of New Registered Agent**

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 Zip Code

11. For each of the provisions of Sections 607.01 and 607.02 of the 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 a position. Florida Statutes.

SIGNATURE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

NAME	<b>D MILLER, STEPHANIE S.</b>
STREET ADDRESS	<b>15750 CATALPA COVE DR</b>
CITY	<b>FORT MYERS FL</b>
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		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stipulated in Section 607.01 of the 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 607, Florida Statutes, and that my name appears on the Florida Department of Banking and Finance with a signature.

SIGNATURE: *Stephanie S. Miller*  
**Stephanie S. Miller**  
REGISTERED PROFESSIONAL SECRETARY OF SIGNING OFFICER OR DIRECTOR

5/2/95

813-277-1515