

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Barbara B. Norman Secretary of State Tallahassee, FL 32399-0001
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**DOCUMENT # F94000003328 (1)**  
 1. Corporation Name  
**SEL REL. INC.**

FILE  
 95 MAY -1 AM 8:13

Principal Place of Business: **Box 58027 St Petersburg, FL 33715**  
 Mailing Address: **BOX 508 EAST MARION NY 11939**

2. Principal Place of Business	2a. Mailing Address
21. BOX 58027	26. BOX 58027
22. ST PETERSBURG, FL	27. ST PETERSBURG, FL
23. 33715 USA	29. 33715 USA

Date of WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1994	
4. FIC Number	Applied For
51-0350059	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent  
**DOWD, MARY  
 1025 4TH STREET NORTH  
 ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 NAME: WORTH, CHARLES	11.2 STREET ADDRESS: 201 NORTH WALNUT STREET, 3 CHRISTINA CTR WILMINGTON DE 19801	13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.3 NAME: Athey, Bruce	11.4 STREET ADDRESS: 3 CHRISTINA CTR, 201 No Walnut St WILMINGTON DE 19801	13.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.5 NAME: Michaels, Stephanie	11.6 STREET ADDRESS: 3 CHRISTINA CTR, 201 No Walnut St WILMINGTON DE 19801	13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.7 NAME	11.8 STREET ADDRESS	13.4 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.9 NAME	11.10 STREET ADDRESS	13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.11 NAME	11.12 STREET ADDRESS	13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.13 NAME	11.14 STREET ADDRESS	13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.15 NAME	11.16 STREET ADDRESS	13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REMITTED BY MAY 1**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the treasurer or budget empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/95  
 Date