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Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthary
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003328 (1)

1. Corporation Name

SEL REL, INC.



Principal Place of Business

Mailing Address

BOX 58027
ST PETERSBURG FL 33715
US

BOX 58027
ST PETERSBURG FL 33715-8027
US

3. Date Incorporated or Qualified
06/23/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

26

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
51-0350059

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

OLIVER, TERENCE
1025 4TH STREET NORTH
ST PETERSBURG FL 33701

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PC
NAME WORTH, CHARLES
STREET ADDRESS 201 NORTH WALNUT STREET, 3 CHRISTINA CTR
CITY-ST-ZIP WILMINGTON DE 19801

1.1 TITLE PCD
1.2 NAME WORTH, CHARLES
1.3 STREET ADDRESS 40 East Main St, Suite 335
1.4 CITY-ST-ZIP Newark, DE 19711

TITLE D
NAME ATHEY, BRUCE
STREET ADDRESS 3 CHRISTINE CTR
CITY-ST-ZIP WILMINGTON DE

2.1 TITLE D
2.2 NAME ATHEY, BRUCE
2.3 STREET ADDRESS 40 East Main St, Suite 335
2.4 CITY-ST-ZIP Newark, DE 19711

TITLE D
NAME MICHAELS, STEPHANIE
STREET ADDRESS 3 CHRISTINE CT
CITY-ST-ZIP WILMINGTON DE

3.1 TITLE D
3.2 NAME MICHAELS, STEPHANIE
3.3 STREET ADDRESS 40 East Main St, Suite 335
3.4 CITY-ST-ZIP Newark, DE 19711

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

~~SIGNATURE REQUIRED~~

4/15/97

CR2E037 (9/96)