

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:48

DOCUMENT # **L18303** (2)
1. Corporation Name
SEL-MOR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
11225 RACE TRACK ROAD % JULIE L. SELETOS
1821 BERG RD. 1821 BERG RD.
OLDSMAR FL 34677 HOLIDAY FL 34690
US

3. Date Incorporated or Qualified 09/26/1989	3a. Date of Last Report 02/24/1994
4. FEI Number 59-2967351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**SELETOS, JULIE L.
1821 BERG RD.
HOLIDAY FL 34690**

10. Name and Address of New Registered Agent

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 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SELETOS, RAMONA J
STREET ADDRESS	1244 COOLRIDGE DR
CITY, ST, ZIP	BRANDON FL
TITLE	DST
NAME	SELETOS, JULIE L.
STREET ADDRESS	1821 BERG RD.
CITY, ST, ZIP	HOLIDAY FL
TITLE	DP
NAME	SELETOS, NELL R.
STREET ADDRESS	RT 2 BOX 378-J
CITY, ST, ZIP	LAKE PANASOFFKEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Seletos, Ramona J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	1244 Coolridge Dr	
14 CITY, ST, ZIP	Brandon FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Seletos, Nell R.	
33 STREET ADDRESS	3659 C.R. 405	
34 CITY, ST, ZIP	Lake Panasoffkee, FL 33538	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

Resigned as Director + Vice President effective 12-31-94

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie L. Seletos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 813-934-8199
DATE TELEPHONE NUMBER