

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63394** (5)
1. Corporation Name
SELMA'S COOKIES, INC.



Principal Place of Business: **910 SR 434 NO ALTAMONTE SPRINGS FL 32714 US**
Mailing Address: **POST OFFICE BOX 160756 ALTAMONTE SPRINGS FL 32716-0756**

21	2. Principal Place of Business	2a	Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date of Report: **04/03/1990**
3a. Date of Last Report: **06/14/1995**
4. FEI Number: **59-3010569**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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

**SAYIN, SELMA
525-102 VIA VERONA LANE
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
85 Zip Code: **FL**

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 of officer or director of corporation to be signed

Signature of officer or director of corporation to be signed

DATE

12. OFFICERS AND DIRECTORS

12.1	TITLE		<input type="checkbox"/> DELETE
	NAME	D SAYIN, SELMA	
	STREET ADDRESS	525-102 VIA VERONA LANE	
	CITY- ST- ZIP	ALTAMONTE SPRINGS FL	
12.2	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
12.3	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
12.4	TITLE		<input type="checkbox"/> DELETE
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
13.2	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
13.3	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
13.4	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
13.5	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
13.6	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		
13.7	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME		
	STREET ADDRESS		
	CITY- ST- ZIP		

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Selma Sayin* Selma Sayin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 407-774-9433
DATE AND PHONE NUMBER

CR2E034 (12/95)