FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S59665

(7)

GREG SELE INC

GITEG OLLI, IIIO.	
rincipal Place of Business	Mailing Address

FILED Apr 08 1998 8:00am Secretary of State



						KAN DINI BINI DINI DINA DINA 1801
Principal Place of Business Mailing Address			n embingin inn metra ratio attin attin milit milit	ilait etest alait áláit alait isai		
13920 97TH S FELLSMERE F		13920 97TH STREET FELLSMERE FL 32948				
					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
9 Dringing Di	ace of Business	Do Malina Address			06/12/1991	I la
_	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
Suite, Apt.	M etc	Suite, Apt. #, etc.			65-0267474	Not Applicable \$8.75 Additional
22	., 616.	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the o	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	d Agent
GO	FF, TERRY		8	1 Name	e	İ
194	16 16TH AVENUE		8	2 Stree	et Address (P.O. Box Number is Not Acceptable)	
VEF	RO BEACH FL 32960		L	Ш		
			8	3		
			8	4 City		. 85 Zip Code
]	F	
11. Pursuant t	o the provisions of Sections 607.0 poistered agent, or both, in the Sta	502 and 607 1508, Florida Statute te of Florida, Such chappe was at	s, the about horized I	ve-name	d corporation submits this statement for the purpose prporation's board of directors. I hereby accept the a	of changing its registered
agent. I ar	n familiar with, and accept the obl	igations of, Section 607.0505, Flor	ida Statut	9 s .	approach, but a substitution of the substituti	pp =
SIGNATURE .						
12.	Signature, typed or pooled name of registered a	ngent and lefe if applicable (NOTE ND DIRECTORS		gent signatu	ure required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D OFFICENS A	DELETE	13.		ADDITIONS/CHAINGES TO OFFICERS A	Change Addition
NAME	SELF. GREG		1.2 NAMI			
STREET ADDRESS	13920 97TH STREET			Et address		
CITY-ST-ZIP	FELLSMERE FL		1.4 CITY			}
TITLE		DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAMI			-
STREET ADORESS				ET ADDRESS		
CITY-ST-ZIP			2. 4 CITY			
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM	Ē		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	Ε		
STREET ADDRESS			4.3 STRE	ET ADDRESS	3	
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI	<u>:</u>		
STREET ADDRESS			5.3 STRE	et address	s	
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	et adoress	5	
CITY-ST-ZIP			6.4 CITY			
14. I hereby co	ertity that the information supplied	with this filing does not qualify for	the exem	ption sta	ited in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

Indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic 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 eath; 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:

Dres B. Self

4-1-98