

**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 # **254684** (4)  
1. Corporation Name  
**SELFIN CORPORATION**



Principal Place of Business: **C/O N. DOUGLAS CASSEL  
P.O. BOX 238 BEACH ROAD  
WINEYARD HAVEN MA 02568**  
Mailing Address: **C/O N. DOUGLAS CASSEL  
P.O. BOX 238 BEACH ROAD  
WINEYARD HAVEN MA 02568**

3. Date Incorporated or Qualified: **01/05/1962**  
3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **59-0966755**  
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**MCCURDY, JENNIFER  
110 W. CHRISTINA BLVD.  
LAKELAND FL 33813**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.150A, 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

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSEL, DOUGLAS</b>	
STREET ADDRESS	<b>WEAVER LANE</b>	
CITY - ST - ZIP	<b>WINEYARD HAVEN MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSEL, GEOFFREY</b>	
STREET ADDRESS	<b>WEAVER LANE</b>	
CITY - ST - ZIP	<b>WINEYARD HAVEN MA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASSEL, PAMELA</b>	
STREET ADDRESS	<b>WEAVER LANE</b>	
CITY - ST - ZIP	<b>WINEYARD HAVEN MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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: *Pamela R. Cassel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/96 508-693-4252  
Date Filing Fee

CR2E034 (12/95)