

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

FILED
Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 02568-0238

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified 01/05/1962
3a. Date of Last Report 04/17/1996
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

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 McCURDY, THOMAS R.
82 Street Address (P.O. Box Number is Not Acceptable) 401 N. Parsons Ave.
83 Suite 108
84 City Brandon FL 85 Zip Code 33510

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: *Thomas R. McCurdy* (NOTE: Registered Agent signature required when reinstating) DATE: 3-6-97

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 607, Florida Statutes, and that my name appears at 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 DATE: 3/6/97 DAYTIME PHONE: 508-693-4252

CR2E034 (9/96)