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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

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

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

10. Name and Address of New Registered Agent

**MCCURDY, JENNIFER
 110 W. CHRISTINA BLVD.
 LAKELAND FL 33813**

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *Thomas R. Casse*

(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: *Thomas R. Casse* *Pamela R. Casse* 3/6/97 508-693-4252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/PHONE #

CR2E034 (9/96)