


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

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**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90065 045 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 254684**

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/05/1962</b>	Applied For Not Applicable
4. FEI Number <b>59-0966755</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCUROY, THOMAS R**  
**401 N PARSONS AVE**  
**SUITE 108**  
**BRANDON FL 33510**

10. Name and Address of New Registered Agent

81 Name <b>MCCURDY, THOMAS R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3334 STONEBRIDGE TRAIL</b>
83
84 City <b>VALRICO</b>
85 Zip Code <b>FL 33594</b>

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 **THOMAS R. MCCURDY** DATE **2/24/99**

(NOTE: Registered Agent signature required when reinstating)

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 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela R. Cassel **REQUIRED** Pamela R. Cassel DATE 2/24/99 DAYTIME PHONE # 508 693-4252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)