FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:23

DOCUMENT # 205762 (8)

1. Corporation Name
SEL - CLAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
1523 HILLSORO BLVD STE - 732 DEERFIELD FL 13341 US	20090 BOCA W. DR. #366 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/09/1957	05/01/1994

4. FEI Number: 59-0817538 ☐ Applied For ☐ Not Applicable

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

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
ZIPERSON,ROSE P. 1423 E HILLAVORO BLVD STE - 732 DEERFIELD BEACH FL 13344	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 ______________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	11 TITLE ☐ Change ☐ Addition
NAME	POLLACK, MICHAEL L.	12 NAME
STREET ADDRESS	3931 W. 8TH AVE.	13 STREET ADDRESS
CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP
TITLE	PD	21 TITLE ☐ Change ☐ Addition
NAME	ZIPERSON, FRANK	22 NAME
STREET ADDRESS	12304 SW 109TH CT	23 STREET ADDRESS
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP
TITLE	SD	31 TITLE ☐ Change ☐ Addition
NAME	ZIPERSON, ROSE P	32 NAME
STREET ADDRESS	1523 E HILLSBORO BLVD / STE - 732	33 STREET ADDRESS
CITY ST ZIP	DEERFIELD BEACH FL	34 CITY ST ZIP
TITLE	D	41 TITLE ☐ Change ☐ Addition
NAME	STERN, RONNIE P.	42 NAME
STREET ADDRESS	2121 PONCE DE LEON BLVD., STE 442	43 STREET ADDRESS
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP
TITLE	VD	51 TITLE ☐ Change ☐ Addition
NAME	WOLFSON, FRANCINE	52 NAME
STREET ADDRESS	7215 POINCIANA COURT	53 STREET ADDRESS
CITY ST ZIP	MIAMI LAKES FL	54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 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: Rose P. Ziperson Secretary 2/19/95 305-426-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0262660 CP