

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 24 PM 3:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

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

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 3a. Date of Last Report
01/05/1962 **05/01/1994**

4. FEI Number Applied For
59-0966755 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSEL, DOUGLAS	1.2 NAME	
STREET ADDRESS	WEAVER LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WINEYARD HAVEN MA	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSEL, GEOFFREY	2.2 NAME	
STREET ADDRESS	WEAVER LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	WINEYARD HAVEN MA	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSEL, PAMELA	3.2 NAME	
STREET ADDRESS	WEAVER LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WINEYARD HAVEN MA	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(b), 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: *N. D. Cassel* 4/18/95 (508) 693-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Captain Phone #