

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jul 02 1996 8:00am  
Secretary of State

DOCUMENT # 259092 (5)  
1. Corporation Name  
SELECTIVE APPLIANCES AND COMMUNICATIONS, CORP.



Principal Place of Business Mailing Address  
4038 N.E. 5 TERRACE 4038 N.E. 5 TERRACE  
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 33334

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
05/16/1962 05/01/1995  
4. FEI Number Applied For  
59-0968263 Not Applicable  
5. Certificate of Status Desired \$8.75 Additional  
Fee Required  
6. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution Added to Fees  
7. 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  
DORITY, PATRICIA R 81 Name  
700 S.E. 7 AVE. 82 Street Address (P.O. Box Number is Not Acceptable)  
POMPANO FL 33060 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
TITLE P 1.1 TITLE  
NAME DORITY, MARION E, SR. 1.2 NAME  
STREET ADDRESS 700 S.E. 7 AVE. #13 1.3 STREET ADDRESS  
CITY-ST-ZIP POMPANO FL 33060 1.4 CITY-ST-ZIP  
TITLE VT 2.1 TITLE  
NAME TATUM, ROBERT B 2.2 NAME  
STREET ADDRESS 731 N.E. 49 ST. 2.3 STREET ADDRESS  
CITY-ST-ZIP FORT LAUDERDALE FL 33334 2.4 CITY-ST-ZIP  
TITLE 3.1 TITLE  
NAME 3.2 NAME  
STREET ADDRESS 3.3 STREET ADDRESS  
CITY-ST-ZIP 3.4 CITY-ST-ZIP  
TITLE 4.1 TITLE  
NAME 4.2 NAME  
STREET ADDRESS 4.3 STREET ADDRESS  
CITY-ST-ZIP 4.4 CITY-ST-ZIP  
TITLE 5.1 TITLE  
NAME 5.2 NAME  
STREET ADDRESS 5.3 STREET ADDRESS  
CITY-ST-ZIP 5.4 CITY-ST-ZIP  
TITLE 6.1 TITLE  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marion E DORITY, Sr. 6-24-96 5-94-5659511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)