


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

FILED

Apr 08 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 # 408067 (7)					
1. Corporation Name SELDEV CORPORATION					
Principal Place of Business 4511 N. LANDMARK DR. ORLANDO FL 32817 US			Mailing Address 4511 N. LANDMARK DR. ORLANDO FL 32817-1209 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1972	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 03/04/1996	
22 City & State		27 City & State		4. FEI Number 59-1410952	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
SHOWALTER, ROBERT H 4511 N LANDMARK DR ORLANDO FL 32817		81 Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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: _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		PT		1.1 TITLE	
NAME		SHOWALTER, ROBERT H		1.2 NAME	
STREET ADDRESS		4511 N LANDMARK DR		1.3 STREET ADDRESS	
CITY - ST - ZIP		ORLANDO FL		1.4 CITY - ST - ZIP	
TITLE		D		2.1 TITLE	
NAME		MRS. ELLEN S. ROBINSON		2.2 NAME	
STREET ADDRESS		3005 CHAPIN AVENUE		2.3 STREET ADDRESS	
CITY - ST - ZIP		TAMPA FL		2.4 CITY - ST - ZIP	
TITLE		D		3.1 TITLE	
NAME		GILLELAND, GUY W.		3.2 NAME	
STREET ADDRESS		1098 MCKEAN CIRCLE		3.3 STREET ADDRESS	
CITY - ST - ZIP		WINTER PARK FL		3.4 CITY - ST - ZIP	
TITLE		DS		4.1 TITLE	
NAME		MR. WILLIAM W. FAGAN		4.2 NAME	
STREET ADDRESS		1394 STEWART STREET		4.3 STREET ADDRESS	
CITY - ST - ZIP		WINTER PARK FL		4.4 CITY - ST - ZIP	
TITLE		D		5.1 TITLE	
NAME		FOX, GINGER M		5.2 NAME	
STREET ADDRESS		135 RIDGE DR.		5.3 STREET ADDRESS	
CITY - ST - ZIP		APOLLO PA		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 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.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

3/28/97 407-894-7331