

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -7 PM 1:41

DOCUMENT # 700109 (2)
1. Corporation Name
SELBON INC.

Principal Place of Business Mailing Address
1250 S.E. 6TH AVE. 1250 S.E. 6TH AVE.
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1959 3a. Date of Last Report 01/27/1994
4. FEI Number 59-2197289 Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. 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

9. Name and Address of Current Registered Agent

SABELLA, PETER A.
1421 SE 14TH DR
DEERFIELD BEACH 33441

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when replacing) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ANDERSON, JACK L SR
STREET ADDRESS	917 SE 13TH CT
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	GRETINA, VINCENT J
STREET ADDRESS	73 NE 11TH WAY
CITY - ST - ZIP	DEERFIELD BEACH FL
TITLE	VD
NAME	REID, HARRY V JR
STREET ADDRESS	1000 LOWRY ST. PHO
CITY - ST - ZIP	DELRAY BEACH FL
TITLE	SD
NAME	SCHROEDER, EARL W
STREET ADDRESS	6920 NW 10TH CT
CITY - ST - ZIP	MARGATE FL
TITLE	TD
NAME	SHEEL, MARTIN F
STREET ADDRESS	3751 NE 16TH AVE
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harry V. Reid Jr	
1.3 STREET ADDRESS	1000 Lowry St PHO	
1.4 CITY - ST - ZIP	Delray Beach FL 33483	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Milton O. Olsen	
2.3 STREET ADDRESS	3924 N W 20th Ave	
2.4 CITY - ST - ZIP	Fort Lauderdale FL 33309	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank c. Burney, Jr.	
3.3 STREET ADDRESS	1632 S E 6th St	
3.4 CITY - ST - ZIP	Deerfield Beach FL 33441	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John O. England	
5.3 STREET ADDRESS	1236 Hillsboro Mile #308	
5.4 CITY - ST - ZIP	Hillsboro Beach FL 33062	
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 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Earl W Schroeder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/95 305 421 1966
Date Telephone Number