

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700109

(2)

1. Corporation Name

SELBON INC.

Principal Place of Business

**1250 S.E. 6TH AVE.
DEERFIELD BEACH FL 33441**

Mailing Address

**1250 S.E. 6TH AVE.
DEERFIELD BEACH FL 33441**



3. Date Incorporated or Qualified
11/03/1959

3a. Date of Last Report
03/07/1995

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

10. Name and Address of New Registered Agent

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

81 Name

BURNEY, FRANK C.

82 Street Address (P.O. Box Number is Not Acceptable)

1632 S.E. 6 Street

83

Deerfield Beach, Fl. 33441

84 City

FL

85 Zip Code

33441

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Frank Burney

Signature typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REID, JR. H V	
STREET ADDRESS	1000 LOWRY ST PHO	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLSEN, MILTON O	
STREET ADDRESS	3924 NW 20TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BURNEY, JR. F C	
STREET ADDRESS	1632 SE 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHROEDER, EARL W	
STREET ADDRESS	6920 NW 10TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ENGLAND, JOHN O	
STREET ADDRESS	1236 HILLSBORO MILE #308	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Olsen, Milton O.	
1.3 STREET ADDRESS	3924 N.W. 20th Ave.	
1.4 CITY-ST-ZIP	FT. Lauderdale, Fl.	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Burney, Jr. F.C.	
2.3 STREET ADDRESS	1632 S.E. 6 Street	
2.4 CITY-ST-ZIP	Deerfield Bch, Fl.	
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lentz, John W.	
3.3 STREET ADDRESS	1600 N. Ocean Blvd 1007	
3.4 CITY-ST-ZIP	Pompano Bch, Fl.	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fink, Robert S.	
4.3 STREET ADDRESS	50 SE 12th St 135	
4.4 CITY-ST-ZIP	Boca Raton, Fl	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Reid, Jr. H.V.	
5.3 STREET ADDRESS	1000 Lowry St. PHO	
5.4 CITY-ST-ZIP	Delray Beach, Fl.	
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 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:

F.C. Burney Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96 954-421-1966

Date Daytime Phone #

CR2E037 (12/95)