


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
1250 S.E. 6TH AVE. DEERFIELD BEACH FL 33441		1250 S.E. 6TH AVE. DEERFIELD BEACH FL 33441	
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

3. Date Incorporated or Qualified	11/03/1959	
4. FEI Number	59-2197289	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
BURNEY, FRANK C. 1632 SE 6TH STREET DEERFIELD BEACH FL 33441	

10. Name and Address of New Registered Agent	
81 Name	DAVID L. MEDLIN
82 Street Address (P.O. Box Number is Not Acceptable)	1250 SE 6 AVE
83	
84 City	DEERFIELD BEACH 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: *David L. Medlin* DAVID L. MEDLIN PRES/DIR DATE: 1/20/98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BURNEY, F.C. JR	1.2 NAME	DAVID L. MEDLIN
STREET ADDRESS	1632 SE 6TH ST	1.3 STREET ADDRESS	211 NE 50 CT
CITY-ST-ZIP	DEERFIELD BEACH FL	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	VD	2.1 TITLE	VD
NAME	MEDLIN, DAVE	2.2 NAME	JOHN CARDILLO
STREET ADDRESS	212 N.E. 50TH CT	2.3 STREET ADDRESS	4905 NE 2 AVE
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	DV	3.1 TITLE	VD
NAME	JOHNSON, GEORGE	3.2 NAME	EUSENE DILLON
STREET ADDRESS	2000 NE 21ST CT	3.3 STREET ADDRESS	1250 SE 6 AVE
CITY-ST-ZIP	WILTON MANORS FL	3.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	SD	4.1 TITLE	SD
NAME	HILL, JOHN W	4.2 NAME	PAUL E. NEWMAN
STREET ADDRESS	777 S FEDERAL HIGHWAY APARTMENT D 302	4.3 STREET ADDRESS	1250 SE 6 AVE
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	TD	5.1 TITLE	TD
NAME	OLSEN, MILTON O	5.2 NAME	JACK ENGLAND
STREET ADDRESS	3924 NW20 AVENUE	5.3 STREET ADDRESS	DEERFIELD BEACH FL 33441
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	1250 SE 6 AVE
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Medlin* DAVID L. MEDLIN PRES/DIR 954-421-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)