


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

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|---|---|--|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>   |   | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
| DOCUMENT # <b>700109</b> (2)  |   |  |   |
| 1. Corporation Name<br><b>SELBON INC.</b>   |   |  |   |
| Principal Place of Business<br><b>1250 S.E. 6TH AVE.<br/>DEERFIELD BEACH FL 33441</b>   |   | Mailing Address<br><b>1250 S.E. 6TH AVE.<br/>DEERFIELD BEACH FL 33441</b>  |   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |   | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country   |   |
| 9. Name and Address of Current Registered Agent<br><b>BURNEY, FRANK C.<br/>1632 SE 6TH STREET<br/>DEERFIELD BEACH FL 33441</b>  |   |  |   |
| 10. Name and Address of New Registered Agent<br>81 Name <b>DAVID L. MEDLIN</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1250 SE 6 AVE</b><br>83<br>84 City <b>DEERFIELD BEACH</b> FL 85 Zip Code <b>33441</b>   |   |  |   |
| 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.<br>SIGNATURE <i>David L. Medlin</i> <b>DAVID L. MEDLIN PRES/DIR</b> DATE <b>1/20/98</b><br>(NOTE: Registered Agent signature required when reinstating) |   |  |   |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>BURNEY, F.C. JR<br>1632 SE 6TH ST<br>DEERFIELD BEACH FL<br><input checked="" type="checkbox"/> DELETE                   | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   | PD<br>DAVID L. MEDLIN<br>211 NE 50 CT<br>POMPANO BEACH FL 33064<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>MEDLIN, DAVE<br>212 N.E. 50TH CT<br>POMPANO BEACH FL<br><input checked="" type="checkbox"/> DELETE                      | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   | VD<br>JOHN CARDILLO<br>4905 NE 2 AVE<br>POMPANO BEACH FL 33064<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>JOHNSON, GEORGE<br>2000 NE 21ST CT<br>WILTON MANORS FL<br><input checked="" type="checkbox"/> DELETE                    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   | VD<br>EUGENE DILLON<br>1250 SE 6 AVE<br>DEERFIELD BEACH FL 33441<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>HILL, JOHN W<br>777 S FEDERAL HIGHWAY APARTMENT D 302<br>POMPANO BEACH FL<br><input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   | SD<br>PAUL E. NEWMAN<br>1250 SE 6 AVE<br>DEERFIELD BEACH FL 33441<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>OLSEN, MILTON O<br>3924 NW20 AVENUE<br>FORT LAUDERDALE FL<br><input checked="" type="checkbox"/> DELETE                 | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   | TD<br>JACK ENGLAND<br>DEERFIELD BEACH FL 33441<br>1250 SE 6 AVE<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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)