

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90044 049 ****61.25

004462

DOCUMENT # 700109

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/03/1959

4. FEI Number

59-2197289

Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MEDLIN, DAVID L
1250 SE G AVE
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name
John W. Lentz VI
82 Street Address (P.O. Box Number is Not Acceptable)
1620 N. Ocean #1007
83 Pompano Beach FL 33062
84 City **FL** 85 Zip Code

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

John W. Lentz VI **JOHN W. LENTZ VI**

2/22/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE **PD** ☒ DELETE
NAME **MEDLIN, DAVID L**
STREET ADDRESS **211 NE 30TH ST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**TITLE **VD** ☒ DELETE
NAME **CARDILLO, JOHN**
STREET ADDRESS **4905 DNE 2ND AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**TITLE **VD** ☒ DELETE
NAME **DILLON, EUGENE**
STREET ADDRESS **1250 SE 6TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE **SD** ☒ DELETE
NAME **NEWMAN, PAUL E**
STREET ADDRESS **1250 SE 6TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE **TD** ☒ DELETE
NAME **ENGLAND, JACK**
STREET ADDRESS **1250 SE 6 AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PC -** ☐ Change ☐ Addition
1.2 NAME **Lentz John W. VI**
1.3 STREET ADDRESS **1620 N. Ocean #1007**
1.4 CITY-ST-ZIP **Pompano Bc. FL 33062**2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **Dillon Gene**
2.3 STREET ADDRESS **2475 W Golf Apt. 139**
2.4 CITY-ST-ZIP **Pompano Beach FL 33064**3.1 TITLE **VD** ☐ Change ☐ Addition
3.2 NAME **Lyons George E.**
3.3 STREET ADDRESS **2240 N Cypress Bend Drive #701**
3.4 CITY-ST-ZIP **Pompano Beach FL 33069-5617**4.1 TITLE **SD** ☐ Change ☐ Addition
4.2 NAME **Hill J. Wesley**
4.3 STREET ADDRESS **1965 S.E. th Court Apt N107**
4.4 CITY-ST-ZIP **Pompano Beach FL 33062-7651**5.1 TITLE **TD** ☐ Change ☐ Addition
5.2 NAME **Newman Paul E,**
5.3 STREET ADDRESS **6482 N.W. 37th Ave.**
5.4 CITY-ST-ZIP **Coconut Creek FL 33073**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

John W. Lentz VI **JOHN W. LENTZ VI** 2/22/99 954-421-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)