FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

K53968

(9)

WILLIAM SELMI, JR., CHARTERED

Principal Place of Business	Mailing Address	
306 NW 5TH ST OKEECHOBEE FL 34972	306 NW 5TH ST OKEECHOBEE FL 34972	

				KEECHOBEE FL 348	•							
								3. Date Incorporated or 12/16/1988	Qualified	3a. Date	of Last F	
2. Principal Pla	ace of Business		2a.	Mailing Address				4. FEI Number		, VE	10/10	Applied For
21			26					65-0093703				Not Applicable
Suite, Apt. #	#. etc.	·-···		Suite, Apt. #, etc.							\$8.7	
22			├ 1	27			5. Certificate of Status I	5. Certificate of Status Desired See Required Fee Required				
City & State	<u>-</u> . I			City & State				6. Election Campaign F	inancina			00 May Be
23			28	•				Trust Fund Contribut				ed to Fees
Ζφ	T	Country		Zip	Cou	untry		8. This corporation has	liability for i	ntangible tax		~ · - · · · · · · · · · · · · · · · · ·
24	25		29		30			Florida Statutes	Yes			
	9. Name and	Address of (Current Registe	ered Agent				10. Name and Address	of New R	egistered A	gent	
						81	Name					
SELMI.	SELMI, WILLIAM, JR.						Ptroot Adv	dress (P.O. Box Number is No	t Acceptab	lo\		
	5TH ST.					82	SHEELAU	71622 h. O. DOX MOUTOBL 12 140	n Acceptac	10)		
	OKEECHOBEE FL 34972					83						
										······································	· · · · · · · · · · · · · · · · · · ·	***************************************
						84	City			EI	85 Z	ip Code
11. Pursuant b	a the provisions of	of Sections 60	7.0502 and 607	.1508. Florida Statute	es, the abo	ove-r	amed corpo	oration submits this statement	for the pur	pose of char	naina its	registered office
or registere famil är wit	ed agent, or both h, and accept the	i, in the State o a obligations o	of Florida Such f, Section 607.0	change was authoriz 505, Florida Statutes	ed by the i i.	corp	oration's bo	ard of directors. I hereby acce	pt the appo	ointment as r	egistere	d agent. I am
SIGNATURE .								<u> </u>				
12.	Signatine, lyped or prin	and the second second second	ned agent and title Lac RS AND DIRECT		11.	o Agen	t signature requi	red when reinstating! ADDITIONS/CHANGI	TO OFF	DATE	DIDECT	ODC IN 10
iz. Iille	PD PD	OFFICE	no AND DIRECT	DELETE	1,17	7171.5		AUUITIONS/CHANGI	28 10 OFFI	···	Change	Addition
-	SELMI, WIL	LIAM ID								L	Change	L Addition
NAME	306 NW 51				1.2 N							
STREET ADDRESS	OKEECHO		3497.	n			ADDRESS					
CITY - ST - ZIF	OVECOUN	DEE FL	3911.			HY-S	1-ZIP				l Obases	T Addition
				DELETE	2 1 1	HILE				<u> </u>] Change	☐ Addition
THLE							I .					
NAMt					22 N							
							ADDRESS					
NAME STREET ADDRESS CHY ST-ZIP					2.3 S 2.4 C	TREET DITY-S						
NAME STREET ADDRESS CHY ST-ZIP TOLE				DELETE	2.3 S 24 C 3 1 T	STREET SITY-S TITLE					Change	☐ Addition
NAME STREET ADDRESS CHY_ST-ZP				DELETE	2.3 S 2.4 C	STREET SITY-S TITLE		·····] Change	☐ Addition
NAME STREET ADDRESS CHY_ST-ZP THE				☐ DELETE	2.3 S 24 C 3 1 T 3 2 N	STREET DITY-S TITLE JAME		· · · · · · · · · · · · · · · · · · ·] Change	☐ Addition
NAME STREET ADDRESS CHY ST-7P THE NAME					2.3 S 24 C 3 1 T 3 2 N 3 3 S	STREET DITY-S TITLE JAME	T-ZIP ADDRESS				•	
NAME STREET ADDRESS CHY ST-7/P THE NAME STREET ADDRESS				☐ DELETE	2.3 S 24 C 3 1 T 3 2 N 3 3 S	STREET DITY-S TITLE JAME STREET DITY-S	T-ZIP ADDRESS				Change	☐ Addition☐ Addition☐
NAME STREET ADDRESS CHY ST-7P THE NAME STREET ADDRESS CHY-\$1-7P					23 S 24 C 3 1 T 32 N 33 S 34 C	STREET CITY-S TITLE LAME STREET CITY-S TITLE	T-ZIP ADDRESS				•	
NAME STREET ADDRESS CHY ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE					23 S 24 C 3 11 3 2 N 3 3 S 3 4 C 4 11 4 2 N	OTREET OTY-S TITLE STREET OTY-S TITLE	T-ZIP ADDRESS				•	
NAME STREET ADDRESS CHY ST-7/P PULE NAME STREET ADDRESS CITY-ST-7/P THE NAME					23 S 24 C 3 11 3 2 N 33 S 34 C 4 11 4 2 N 4 3 S	OTREET OTY-S TITLE STREET OTY-S TITLE	ADDRESS 1-7IP ADDRESS				•	
NAME STREET ADDRESS CHY ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE NAME STREET ADDRESS STREET ADDRESS					23 S 24 C 3 11 3 2 N 33 S 34 C 4 11 4 2 N 4 3 S	OTY-S TITLE NAME STREET OTY-S TITLE NAME STREET	ADDRESS 1-7IP ADDRESS				•	
NAME STREET ADDRESS CHY ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P				□ DELETE	23 S 24 C 3 1 T 3 2 N 33 S 34 C 4 1 T 4 2 N 4 3 S 4 4 C	STREET OTY-S TITLE STREET LAME STREET STREET STREET	ADDRESS 1-7IP ADDRESS) Change	Addition
NAME STREET ADDRESS CHY ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE				□ DELETE	238 240 311 32N 338 340 411 42N 438 440 511	STREET DITY-S TOTLE NAME STREET STREET STREET TOTLE NAME	ADDRESS 1-7IP ADDRESS) Change	Addition
NAME STREET ADDRESS CHY ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME				□ DELETE	238 240 311 32N 338 340 411 42N 43S 440 511 52N	STREET DITY-S TOTLE NAME STREET STREET STREET TOTLE NAME	ADDRESS 1-7/P ADDRESS 1-7/P ADDRESS 1-ZIP ADDRESS) Change	Addition
NAME STREET ADDRESS CHY ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P THE NAME STREET ADDRESS				□ DELETE	238 240 311 32N 338 340 411 42N 43S 440 511 52N	THEET TITLE LAME STREET LAME STREET LAME STREET LAME STREET STREET STREET STREET	ADDRESS 1-7/P ADDRESS 1-7/P ADDRESS 1-ZIP ADDRESS) Change	Addition
NAME STREET ADDRESS CHY ST-7/P THE NAME STREET ADDRESS CHY-ST-7/P				□ DECETE	238 240 311 32N 338 340 411 42N 438 440 511 52N 538	TITLE TITLE IAME STREET IAME IA	ADDRESS 1-7/P ADDRESS 1-7/P ADDRESS 1-ZIP ADDRESS				Change	Addition Addition
NAME STREEL ADDRESS CHY ST-7P THE NAME STREEL ADDRESS CHY-ST-7P THE NAME				□ DECETE	238 240 311 32N 33S 34C 411 42N 43S 440 511 52N 53S 540 611 62N	THEET DITY-S TITLE HAME STREET LAME STREET HAME STREET HAME STREET HAME STREET HAME HAME HAME HAME HAME HAME HAME HAME	ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP ADDRESS 1- ZIP				Change	Addition Addition
NAME STREET ADDRESS CITY ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE				□ DECETE	238 240 311 32N 33S 340 411 42N 43S 440 511 52N 53S 540 611 62N 63S	THEET DITY-S TITLE HAME STREET LAME STREET HAME STREET HAME STREET HAME STREET HAME HAME HAME HAME HAME HAME HAME HAME	ADDRESS 1-7/P ADDRESS 1-7/P ADDRESS 1-7/P ADDRESS 1-7/P ADDRESS 4-7/P				Change	Addition Addition

4. I do hereby certify that the information supplied with this fing 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 notify, that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 grangeli, or on an attachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR BIRECTOR

1/19/96 (941) 763-1136