

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K93618** (2)
1. Corporation Name
SELDON SEEN GALLERY, INC.



Principal Place of Business 820 E LAS OLAS FORT LAUDERDALE FL 33301 US	Mailing Address 820 E LAS OLAS FT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/07/1989

2. Principal Place of Business 21 817 E LAS OLAS Suite, Apt #, etc. 22 FT LAUD, FL City & State 23 33301 Zip 24 USA Country	2a. Mailing Address 26 817 E LAS OLAS Suite, Apt #, etc. 27 FT LAUD, FL City & State 28 33301 Zip 29 USA Country	4. FEI Number 65-0124697 Applied For <input type="checkbox"/> 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**GOENBERG, DONALD
1032 SE 13TH TERRACE
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOENBERG, DON	12 NAME	
STREET ADDRESS	820 E LAS OLAS	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	VS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOENBERG, CHARLOTTE	22 NAME	
STREET ADDRESS	820 E LAS OLAS	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 

3/1/98 9547645380

CP2E034 (10/97)