## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M71858

(8)

SELLNER ENTERPRISES, INC.

## **FILED** Aug 22 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						-	A BABAN BEDER BI	BIL BIRIT BIRI	t #(0)) 10 <b>0</b> 1
5361 BUCKINGHAM RD FORT MYERS FL 33905		5361 BUCKINGHAM RD FORT MYERS FL 33905			DO NOT WRITE	E IN THIS S	PACE		
						3. Date Incorporated or Qualified		le of Last f	Report
						03/15/1988	05/0	1/1996	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26	26			65-0030437		N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Ζίρ	Country	Zip	Zip Country			8. This corporation owes or has pa	aid the curr	ent year In	ıtangible
24	25 29 30		30			Personal Property Tax due June	7	<u>.                                      </u>	□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
	LNER, GREG		Ι,	81	Name				
5361 BUCKINGHAM RD., FORT MYERS FL 33905				82	Street Addre	ess (P.O. Box Number is Not Accepta	ole)		
			T P	63					
			<u> </u>	B4	City		<del></del>	<b>85</b> Zip	Code
							<u>FL</u>	1.	
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: Registere					t signature required		DATE	DIDECTO	20 11 40
12.	PD OF ICERS A	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFI	JERS AND	☐ Change	
TITLE	SELLNER, GREG	L DECCIL	1.1 TITLE 1.2 NAME					Change	L_J Addition
NAME	PAGE BUILDINGS HELD BB				t naran				
STREET ADDRESS	FORT MYERS FL				DDRESS				
CITY-ST-ZIP TITLE	TONT MILITOTE	DELETE	1.4 CIT		- 211			Change	Addition
NAME		_ octen	2.2 NA		Ì		,	onango	
STREET ADDRESS					DDRESS				
i			2.4 CIT						
CITY-ST-ZIP Title		DELETE 3.1			- 10			Change	Addition
NAME			3.2 NAM						
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			3.4. DITY		1				
TITLE		DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NA	ME	İ				_
STREET ADDRESS					.DDRESS				
CITY-ST-ZIP			4.4 CrT1		1				
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME		<del>-</del>	5.2 NAME					•	_
STREET ADDRESS					DDRESS				
CITY-ST-ZIP			5.4 CITY						
TITLE		☐ DELÉTE	6.1 TITL					Change	Addition
NAME			6.2 NAM					-	
STREET ADDRESS	,		1		DDRESS				
CITY-ST-ZIP			6.4 CITY						}
	ov certify that the information supplied	ed with this filing does not qualif				in Section 119.07(3)(i). Florida Statute	s. I further	certify that	t 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 attackment with an address.