2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000122751 02-09-2005 90056 004 ***150.00 1. Entity Name **SELMAN PROPERTIES CORP** Principal Place of Business Mailing Address 4001 N OCEAN BLVD PH4B BOCA RATON FL 33431 4001 N OCEAN BLVD PH4B BOCA RATON FL 33431 66005698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Clv & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAGAN, ARNOLD H Street Address (P.O. Box Number is Not Acceptable) 4001 N OCEAN BLVD PH4B **BOCA RATON FL 33431** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and life & applic (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 _- \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE President ☐ Deleta TITLE ☐ Change Addition MÀR NAME Alvin Katz STREET ADDRESS STREET ADDRESS 67 Ridge Road CITY-ST-ZIP CITY-ST-ZIP Tenafly, N. J. TITLE TITLE ☐ Change ☐ Addition Secretary NAME NAME STREET ADDRESS Arnold H. Kagan STREET ADDRESS PH4B-4001 N. Ocean Blvd. Boca Raton, FL 3343 Delete. CITY-ST-ZIP CITY-ST-ZIP THE TITLE. Change - Addition NAME STREET ADDRESS STREET ADORESS CHY-51-23 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZVP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under ceth; 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, 10 or Block 11 if SIGNATURE: ER OR DIRECTOR

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