


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

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P36467 (9)</b> 1. Corporation Name <b>SELMAN &amp; COMPANY</b>			
Principal Place of Business <b>6110 PARKLAND BLVD MAYFIELD HTS OH 44124-4187 US</b>		Mailing Address <b>6110 PARKLAND BLVD CLEVELAND OH 44124-4187 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified <b>11/25/1991</b>		4. FEI Number <b>31-0984218</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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		8. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 <i>Gloria Wesołowski, TREAS.</i> <b>6/25/98</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 TITLE 16 NAME 17 STREET ADDRESS 18 CITY-ST-ZIP 19 TITLE 20 NAME 21 STREET ADDRESS 22 CITY-ST-ZIP 23 TITLE 24 NAME 25 STREET ADDRESS 26 CITY-ST-ZIP 27 TITLE 28 NAME 29 STREET ADDRESS 30 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 TITLE 36 NAME 37 STREET ADDRESS 38 CITY-ST-ZIP 39 TITLE 40 NAME 41 STREET ADDRESS 42 CITY-ST-ZIP 43 TITLE 44 NAME 45 STREET ADDRESS 46 CITY-ST-ZIP 47 TITLE 48 NAME 49 STREET ADDRESS 50 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 TITLE 56 NAME 57 STREET ADDRESS 58 CITY-ST-ZIP 59 TITLE 60 NAME 61 STREET ADDRESS 62 CITY-ST-ZIP 63 TITLE 64 NAME 65 STREET ADDRESS 66 CITY-ST-ZIP 67 TITLE 68 NAME 69 STREET ADDRESS 70 CITY-ST-ZIP 71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP 75 TITLE 76 NAME 77 STREET ADDRESS 78 CITY-ST-ZIP 79 TITLE 80 NAME 81 STREET ADDRESS 82 CITY-ST-ZIP 83 TITLE 84 NAME 85 STREET ADDRESS 86 CITY-ST-ZIP 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