FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 21 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/22/95--01049--024
****225.00 ****225.00

DOCUMENT # P93000063394 (9)

1. Corporation Name
SELANN NO. 5, INC.

Principal Place of Business	Mailing Address
4050 FOREST HILL BLVD. WEST PALM BEACH FL 33406	4050 FOREST HILL BLVD. WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 03/23/1994

2. Principal Place of Business
21: 1020 Del Prado Blvd
Suite, Apt. #, etc. 22:
City & State 23: Cape Coral FL
Zip 24: 33990 Country 25:

2a. Mailing Address
26: 3420 Cleveland Ave
Suite, Apt. #, etc. 27:
City & State 28: Ft. Myers FL
Zip 29: 33901 Country 30:

4. FEI Number: 65-0439034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SELKA, STEPHEN L ~~4050 FOREST HILL BLVD.~~ ~~WEST PALM BEACH FL 33406~~ 3420 Cleveland Ave Ft. Myers, FL 33901	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☐ Addition
NAME	SELKA, STEPHEN L	12 NAME	Selka, Stephen L
STREET ADDRESS	4050 FOREST HILL BLVD.	13 STREET ADDRESS	3420 Cleveland Ave
CITY ST ZIP	WEST PALM BEACH FL 33406	14 CITY ST ZIP	Ft. Myers, FL 33901
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stephen L Selka Stephen L. Selka 5/11/95 941-757-4959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248814 CP