

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 # P93000063394 (9)

1. Corporation Name

SELANN NO. 5, INC.

Principal Place of Business

1020 DEL PRADO BLVD.  
CAPE CORAL FL 33990

Mailing Address

3420 CLEVELAND AVE.  
FT. MYERS FL 33901

2. Principal Place of Business

21 631 E CAPE CORAL PKWY

Suite, Apt. #, etc.

22

City & State

23 CAPE CORAL FL

Zip

24 33904

Country

25 LEE

2a. Mailing Address

26 631 E CAPE CORAL PKWY

Suite, Apt. #, etc.

27

City & State

28 CAPE CORAL, FL

Zip

29 33904

Country

30 LEE

9. Name and Address of Current Registered Agent

SELKA, STEPHEN L  
3420 CLEVELAND AVE.  
FT. MYERS FL 33901

3. Date Incorporated or Qualified

09/10/1993

3a. Date of Last Report

02/02/1996

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

SELKA, STEPHEN L

82

Street Address (P.O. Box Number is Not Acceptable)

631 E CAPE CORAL PKWY

83

84

City

CAPE CORAL

FL

85 Zip Code

33904

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 X *Stephen L Selka*

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 ☐ DELETE

NAME D SELKA, STEPHEN L

STREET ADDRESS 3420 CLEVELAND AVE.

CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 100002327351--8

1.3 STREET ADDRESS -10/22/97--01103--033

1.4 CITY-ST-ZIP \*\*\*1500.00 \*\*\*\*750.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 X *Stephen L Selka*

FILED

97 OCT 20 AM 10: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)