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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

800001520628
-06/22/95--01049--020
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000063396 (4)

1. Corporation Name

SELANN NO. 8, 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

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 03/22/1994
4. FEI Number: 65-0450934 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 27990 Tamiami Trail	26 3420 Cleveland Ave
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Bonita Spring FL	City & State 28 Ft. myers FL
Zip 24 33923 Country 25	Zip 29 33901 Country 30

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

SELKA, STEPHEN L
~~4050 FOREST HILL BLVD.~~
~~WEST PALM BEACH FL 33406~~
3430 Cleveland Ave
Ft. myers FL 33901

10. Name and Address of New Registered Agent

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	O ☐ Change ☐ Addition
NAME	SELKA, STEPHEN L	1 2 NAME	Selka, Stephen L
STREET ADDRESS	4050 FOREST HILL BLVD.	1 3 STREET ADDRESS	3430 Cleveland Ave
CITY ST ZIP	WEST PALM BEACH FL 33406	1 4 CITY ST ZIP	Ft. myers FL 33901
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(k), 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 6/1/95 941-989-4957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0248810 CP