# 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 3:08

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****225.00 ****225.00

DOCUMENT # **P93000076097 (3)**

1. Corporation Name
**SELANN NO. 6, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 4050 FOREST HILL BLVD.<br>WEST PALM BEACH FL 33406 | 4050 FOREST HILL BLVD.<br>WEST PALM BEACH FL 33406 |

3. Date Incorporated or Qualified: **10/28/1993**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business
21: 2835 Cleveland Ave
22: Suite, Apt. #, etc
23: City & State: Fort Myers FL
24: Zip: 33901
25: Country

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

4. FEI Number: **65-0450929** ☐ 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

**SELKA, STEPHEN L**
~~4050 FOREST HILL BLVD.~~
~~WEST PALM BEACH FL 33406~~
3420 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 _____ DATE
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when executing)

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

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 5/16/95 941-939-4159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0245838 CP