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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081514 (0)

SEL PLANTATION INVESTMENTS, INC. Mailing Address Principal Place of Business 4142 ESCONDITO CIRCLE 4142 ESCONDITO CIRCLE **SARASOTA FL 34238-4518** SARASOTA FL 34238 3a. Date of Last Report 3. Date Incorporated or Qualified 11/29/1993 07/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0463624 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SEIDER, WILLIAM M 1550 RINGLING BLVD. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 R3 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 Signature, typnic or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. **PVSD** Addition TiTLE DELETE 1.1 FITLE ☐ Change LATTMANN, STEPHEN E. NAM 1.2 NAME 2E034 4142 ESCONDITO CIRCLE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 21 TITLE THE 2.2 NAME NAM 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change 3.1 TITLE Addition TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE THILE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS C174 - S1 - ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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

E. LATIMAUN