

**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 MAR 27 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000074998 (3)**

1. Corporation Name  
**SEL-MOR BROKERAGE, INC.**

Principal Place of Business Mailing Address  
715 N. SHERRILL ST. 715 N. SHERRILL ST.  
TAMPA FL 33609 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 10/07/1994  
3a. Date of Last Report

4. FEI Number 59-3284871 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

2. Principal Place of Business 2a. Mailing Address  
21 1111 N. Westshore Blvd. 26 1111 N. Westshore Blvd.  
(Suite/Apt. #, etc.) (Suite/Apt. #, etc.)  
22 512 27 512  
City & State City & State  
23 Tampa, FL 28 Tampa, FL  
Zip Country Zip Country  
24 33607 Hills. 29 33607 Hills. 30 Hills.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOMINGUEZ, GILMORE A  
715 N. SHERRILL ST.  
TAMPA FL 33609

81 Name Dominguez, Gilmore A.  
82 Street Address (P.O. Box Number is Not Acceptable) 4920 Bay Way Place  
83  
84 City Tampa FL 85 Zip Code 33629

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 *Gilmore A. Dominguez* President *Almona Dominguez* 3-22-95  
(Signature of new or present name of registered agent and title if applicable.) (NOTE: Registered Agent Signature required when substituting.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DOMINGUEZ, GILMORE A
STREET ADDRESS	715 N. SHERRILL ST.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	STD
NAME	DOMINGUEZ, JOSEPH C
STREET ADDRESS	715 N. SHERRILL ST.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	VD
NAME	DOMINGUEZ, GILMORE A JR
STREET ADDRESS	715 N. SHERRILL ST.
CITY-ST-ZIP	TAMPA FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4920 Bay Way Place
1.4 CITY-ST-ZIP	Tampa, FL 33629
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4920 Bay Way Place
2.4 CITY-ST-ZIP	Tampa, FL 33629
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4920 Bay Way Place
3.4 CITY-ST-ZIP	Tampa, FL 33629
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the attachment with an address.

SIGNATURE: *Almona Dominguez* 3-22-95 813 287-1165  
(Type and typed or printed name of director or officer.) (Date) (Typed Name)