FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064935 (6)

SELLSUDS SERVICES, INC.

Principal Place of Business

9520 BOUTHWEST 99 COURT

Mailing Address

2520 SOUTHWEST 99 COURT

FILED Apr 21 1997 8:00am Secretary of State



MIAMI FL 8316	5			MAM	I FL 33165-2665				1						
•								-	ŀ	3. Date Incorporated or Qualified 08/22/1995	08/0	08/199	st Report 16		
2. Principal Place of Business				2a. Mailing Address					,	4. FEI Number APPLIED FOR 65-4	06043	397	Applied		
21				26					APPLIED FOR			Not App			
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired						
City & State				City & State					.	6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip 24	2	Country 5		Z)	lip .	30 Co	untry			8. This corporation has liability for Florida Statutes	intangible Yes [er s. 199.	032,	
		nd Address			red Agent					10. Name and Address of New Ro	gistered	Agent			
SEL	LEK, JULIAN						81	Name							
	SW 99 CO						82	Street A	Addres	s (P.O. Box Number is Not Accepta	ble)				
MIAI	MI FL 33165							2			-,				
							83								
							84	City			FL.	85	Zip Code		
11. Pursuant to office or reacent. La	to the provisio egistered age m familiar with	ns of Sections nt, or both, in , and accept	s 607.0502 ar the State of I	nd 607 Florida ns of, S	.1508, Florida Stat . Such change was Section 607.0505, I	utes, the a s authorize Florida Sta	abovo ed by atutes	e-named of the corposit	corpor	ation submits this statement for the 's board of directors. I hereby acce	purpose of pt the app	changii ointmen	ng its regis	istered tered	
SIGNATURE	Signature, lyped or								required:	when reinstating)	DATE				
12.		OFFIC	CERS AND D	IREC10		13.				ADDITIONS/CHANGES TO OFFI	CERS AND				
TITLE	PD				DELETE	1.1	HILF					Char	age 🔲	Addition	
NAME :	SELLEK, J	ULIAN				121	NAME	{							
STREET ADDRESS	2520 SW 9	9 COURT						ADDRESS							
CITY-ST-ZIP	MIAM! FL				DELETE		CITY-S	1 - ZIP				Char	200	Addition	
TITLE					L) DECEME		HILE					LI UIII	ige L	Augilion	
NAME							NAME	1000100		4					
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NAME							NAME								
STREET ADDRESS								ADDRES\$							
CITY-ST-ZIP							CITY-S	j							
THILE	- •				DELETE		TITLE					Char	nge 🔲	Addition	
NAME						4. 2	NAME	1							
STREET ADDRESS						4.3	STREET	ADDRESS							
CITY-ST-ZIP							CITY - S	1- Z(P				·			
TITLE					☐ DELETE		TITLE					Char	nge [_]	Addition	
NAME						1	NAME								
STREET ADDRESS						5.3	STREET	ADDRESS							
CITY-ST-ZIP							CITY-S	I - ZIP				1 6		A water -	
TITLE					☐ DELETE		TITLE					L Chai	nge 📋	Addition	
NAME				١.			NAME								
STREET ADDRESS						1		ADDRESS							
CITY-ST-ZIP						6.4	DAY-S	T - Z IP							

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 cortify 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 in changed, or on an accurate with an address.