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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

30

81 Name

83

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above harded comparation submits this statement for the purpose of changing its registered office

the c

City

1996

Corporation Name

V12547

(8)

SELGER, INC.

DOCUMENT #

Principal Place of Business

Mailing Address

2a.

26

27

28

Country

25 Ingian River 29 9. Name and Address of Current Registered Agent

3120 AVIATION BLVD VERO BEACH FL 32960

2. Principal Place of Busine 11 6386 H

COX, CYNTHIA L.

VERO BEACH FL 32960

1432 21ST ST

SUITE A

Suite, Apt. #, etc

City & State

22

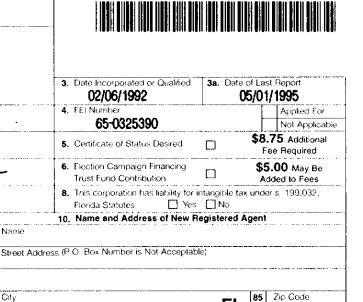
3120 AVIATION BLVD VERO BEACH FL 32960

Mailing Address

Suite

Zio

City & State



directors. I hereby accept the appointment as registered agent. I am

or registered agent, or both, in the State of Floridal Such change was authorized by familiar with, and accept the obligations of, Section 607,0505, Florida Statutes 5-1-94 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 DELETE ☐ Change ☐ Addition TITLE : 1 100.8 NAME SELIG, MICHAEL A. 1.2 NAME 3120 AVIATION BLVD. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL 1.4 CHY-ST ZIP CUTY-ST-ZIP DELETE ☐ Change Addition TITLE 2 1 TITLE SELIG, MICHAEL A. 2.2 NAME NAME 3120 AVIATION BLVD STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 2.4 C/1Y - ST - Z/P □ DELETE 3 1 DILE Change Addit on THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 34 C-1Y ST ZIP CITY - ST - ZIP DELFTE ☐ Change Addition TITLE 4 1 Tifle 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZP 4.4 CITY - ST - 7/2 DEL ETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAMI STREET ADDRESS 5.3 STPEET ADDRESS CITY - ST- ZP 5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this fring 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 arrival 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 perporation or tife receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6 1 THILE

6.2 NAME

6.3 STREET ADDRESS

64 CHT ST-ZIP

DELETE

SIGNATURE: /

TITLE

NAME

STREET ADDRESS

CHY-ST-7iP

K Mirchael A. Selis Pres. 5-1-96

Change Addition

CR2E034 (12/95)