

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

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000071860 (6)**  
 1. Corporation Name  
**SELO ENTERPRISES, INC.**



Principal Place of Business <b>17824 HICKORY MOSS PLACE TAMPA FL 33647</b>	Mailing Address <b>17824 HICKORY MOSS PLACE TAMPA FL 33647-2284</b>
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2. Principal Place of Business <b>21 15801 Collecting Canal Rd</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P.O. 190</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>08/27/1996</b>	3a. Date of Last Report
22 City & State <b>23 Loxahatchee, FL</b>	27 City & State <b>28 Loxahatchee, FL</b>	4. FEI Number <b>65-0692794</b>	Applied For Not Applicable
24 Zip <b>33470</b>	25 Country <b>U.S.A.</b>	29 Zip <b>33470</b>	30 Country <b>U.S.A.</b>

9. Name and Address of Current Registered Agent <b>A.G.C. CO. 200 SOUTH ORANGE AVENUE 2300 SUN BANK CENTER ORLANDO FL</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	<b>FL</b>

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D FREEDMAN, SETH J</b>	1.2 NAME	<b>D Freedman, Seth</b>
STREET ADDRESS	<b>17824 HICKORY MOSS PLACE</b>	1.3 STREET ADDRESS	<b>6549 NW 97th Dr.</b>
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	1.4 CITY-ST-ZIP	<b>Portland, FL 33076</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>ST Freedman, Laura</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>6549 NW 97th Dr.</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Portland, FL 33076</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_

CP2E034 (9/96)