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Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90065 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 254684

1. Corporation Name
 SELFIN CORPORATION

Principal Place of Business C/O N. DOUGLAS CASSEL P.O. BOX 238 BEACH ROAD WINEYARD HAVEN MA 02568	Mailing Address C/O N. DOUGLAS CASSEL P.O. BOX 238 BEACH ROAD WINEYARD HAVEN MA 02568
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1962	Applied For Not Applicable
4. FEI Number 59-0966755	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
MCCUROY, THOMAS R
401 N PARSONS AVE
SUITE 108
BRANDON FL 33510

10. Name and Address of New Registered Agent
 81 Name **MCCURDY, THOMAS R.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3334 STONEBRIDGE TRAIL
 83
 84 City **VALRICO** FL 85 Zip Code **33594**

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 *Thomas R. McCurdy* **THOMAS R. MCCURDY** DATE **2/24/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASSEL, DOUGLAS	
STREET ADDRESS	WEAVER LANE	
CITY-ST-ZIP	WINEYARD HAVEN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSEL, GEOFFREY	
STREET ADDRESS	WEAVER LANE	
CITY-ST-ZIP	WINEYARD HAVEN MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSEL, PAMELA	
STREET ADDRESS	WEAVER LANE	
CITY-ST-ZIP	WINEYARD HAVEN MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela R. Cassel* **REQUIRED** *Pamela R. Cassel* Date **2/24/99** Daytime Phone # **508 693-4252**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)