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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(3)

1998
DOCUMENT # J058

15872

SEBASTIAN APARTMENTS, INC.

FILED May 18 1998 8:00am Secretary of State

Principal Place of Business				Mailing Address					a abdille biki balat bikas tekti tedi	O TOBO WARDIN WIT	VII OIGII SADII S		
% MICHAEL J. MARCUS				% MICHAEL J. MARCUS									
317 NO. KROME AVE.				317 NO. KROME AVE.									
HOMESTEAD FL 83030				HOMESTEAD FL 33030				L	DO NOT WRI	TE IN THIS	SPACE		
									<ol> <li>Date Incorporated or Qualifier</li> <li>03/25/1986</li> </ol>	d .			
2. Principal Place of Business				2a. Maifing Address					4. FEI Number			Applied For	
21				26				59-2665762		r	Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			١,	5. Certificate of Status Desired			Additional		
22				27								Required	
City & State				Cily & State					<ol><li>Election Campaign Financing</li></ol>	_		🛭 Мау Ве	
23			[28]					Trust Fund Contribution			d to Fees		
Zip	Country			-¬ `		Jounity		1	B. This corporation owes or has				
24		25 and Address of Curr	29	torad Ament	30				Personal Property Tax due Ju			∐ No	
		<del></del>	anı nağıs	tered Agent		81	Name	11	D. Name and Address of New	Registered	Agent	<del> </del>	
	ARCUS, MIC					["	Name						
317 NO. KROME AVE. HOMESTEAD FL 33030						82	Street	Address	(P.O. Box Number is Not Accept	able)			
						83							
						63							
						84	City			FI	85 Zip	Code	
11. Pursuant	to the provisi	ons of Sections 607 0	502 and 6	07.1508, Florida <b>S</b> tati	ules, the	e above	e-named	corporati	ion submits this statement for the	nurnasa	of changing	its registered	
office or r	regi <b>ste</b> red age	ent, or both, in the Sta th, and accept the obl	ite of Florid	da. Such change was	s author	ized by	the corp	ooration's	board of directors. I hereby acc	ept the ap	pointment a	is registered	
•	in againmen wat	in, and necess the esti	igations o	i, Section dor,0303, i	iona c	Siaiules	٠.						
SIGNATURE Signature, typed or proving name of registered agent and file if applicable (NOTE Registered								required wh	en reinstating)	DATE			
12.		OFFICERS A				3.			ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12	
TITLE	<b>DP</b>			DELETE	1	.1 TITLE					Change		
NAME		s, michael J.				1.2 NAME							
STREET ADDRESS							1.3 STREET ADDRESS						
CITY-ST-ZIP	HOMEST	tead fl			1	.4 CITY-S	T- 21P						
TITLE				DELETE		.1 TITLE			······································		Change	☐ Addition	
NAME					2	.2 NAME							
STREET ADDRESS					2	3 STREET	ADDRESS						
CITY-ST-ZIP					2	. 4 CITY - 5	iT-ZIP						
TITLE			···	DELETE	3.	.1 TITLE					☐ Change	Addition	
NAME					3.	2 NAME							
STREET ADDRESS					3.	.3 STREET	ADDRESS						
CITY-ST-ZIP					3.	.4. CITY-S	I-ZIP						
TITLE				DELETE		1 TITLE	i				Change	Addition	
NAME					4	2 NAME							
STREET ADDRESS					4	3 STREET	address						
CITY+ST-ZIP					4.	4 CITY-SI	r-ZIP						
TITLE				☐ DELETE		1 TITLE					Change	Addition	
NAME					5.	2 NAME							
STREET ADDRESS					5.	3 STREET	ADDRESS						
CATY-ST-ZIP					5.	4 C(TY - \$1	r-ZIP						
TITLE				DELETE	6.	1 TITLE					Change	Addition	
NAME					6.	2 NAME	l						
STREET ADDRESS					£i.	3 STREET	ADDRESS						
CITY-ST-ZIP					6.	4 CITY-\$1	1-ZIP						
14. I hereby o	artifuthat the	information emplind	with this fi	ling does not qualify	for the	avamal	ion etete	d in Cont	on 110 07/2Vi) Elorida Ctatutas	I formation of		- :	

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 conference in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

CICALATURE.

and IXV