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Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J76230 (8)  
1. Corporation Name  
SEBASTIAN INVESTMENTS, INC.



Principal Place of Business: 2333 E. SEMORAN BLVD APOPKA FL 32703  
Mailing Address: 2333 E. SEMORAN BLVD APOPKA FL 32703-5904

3. Date Incorporated or Qualified: 06/05/1987  
3a. Date of Last Report: 04/01/1996

2. Principal Place of Business: 21 257 LIVERPOOL COVE, 22 LONGWOOD FLORIDA, 23  
2a. Mailing Address: 26 257 LIVERPOOL COVE, 27 LONGWOOD FLORIDA, 28  
24 Zip: 32779, 25 Country: U.S.A., 29 Zip: 32779, 30 Country: U.S.A.

4. FEI Number: 59-2815328  
Applied For: Not Applicable  
6. Certificate of Status Desired:  \$8.75 Additional Fee Required  
8. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: SAETTONI, JUAN, 2333 EAST SEMORAN BLVD., APOPKA FL 32703  
10. Name and Address of New Registered Agent: 81 Name: JUAN SAETTONI, 82 Street Address: 257 LIVERPOOL COVE, 84 City: LONGWOOD FL, 85 Zip Code: 32779

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: JUAN SAETTONI, DATE: 03-01-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PST	SAETTONI, JUAN	1.1 TITLE: PST	Change
NAME: SAETTONI, JUAN		1.2 NAME: SAETTONI, JUAN	
STREET ADDRESS: 2333 E SEMORAN BLVD.		1.3 STREET ADDRESS: 257 LIVERPOOL COVE	
CITY-ST-ZIP: APOPKA FL		1.4 CITY-ST-ZIP: LONGWOOD FL	
TITLE: D	SAETTONI, JUAN	2.1 TITLE: D	Change
NAME: SAETTONI, JUAN		2.2 NAME: SAETTONI, JUAN	
STREET ADDRESS: 2333 E SEMORAN BLVD.		2.3 STREET ADDRESS: 257 LIVERPOOL COVE	
CITY-ST-ZIP: APOPKA FL		2.4 CITY-ST-ZIP: LONGWOOD FL	
TITLE: VAS	SAETTONI, VIVIANA	3.1 TITLE: VAS	Change
NAME: SAETTONI, VIVIANA		3.2 NAME: SAETTONI, VIVIANA	
STREET ADDRESS: 2333 E SEMORAN BLVD.		3.3 STREET ADDRESS: 257 LIVERPOOL COVE	
CITY-ST-ZIP: APOPKA FL		3.4 CITY-ST-ZIP: LONGWOOD FL	
TITLE: D	SAETTONI, VIVIANA	4.1 TITLE: D	Change
NAME: SAETTONI, VIVIANA		4.2 NAME: SAETTONI, VIVIANA	
STREET ADDRESS: 2333 E SEMORAN BLVD.		4.3 STREET ADDRESS: 257 LIVERPOOL COVE	
CITY-ST-ZIP: APOPKA FL		4.4 CITY-ST-ZIP: LONGWOOD FL 32779	
TITLE:		5.1 TITLE:	Change
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	Change
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 on an attachment with an address.

SIGNATURE: JUAN SAETTONI, PST, DATE: 407-682-2711

CR2E034 (9/96)