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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004295 (0)
1. Corporation Name

AWARE CITIZENS AND TAXPAYERS OF SEBASTIAN, INC.



Principal Place of Business 1089 MAIN ST. SEBASTIAN FL 32958	Mailing Address 1069 MAIN ST. SEBASTIAN FL 32958
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/05/1995
4. FEI Number 59-3339386
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LULICH, STEVEN 1089 MAIN ST. SEBASTIAN FL 32958

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	OBERBECK, FRANCIS
STREET ADDRESS	601 LAYPORT DR.
CITY - ST - ZIP	SEBASTIAN FL 32958
TITLE	VD <input type="checkbox"/> DELETE
NAME	WINIGER, FRED
STREET ADDRESS	106 THUNDERBIRD DR
CITY - ST - ZIP	SEBASTIAN FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	THOMAS, HARRY
STREET ADDRESS	654 BALBOA ST.
CITY - ST - ZIP	SEBASTIAN FL 32958
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	FREELAND, ROBERT
STREET ADDRESS	733 WENTWORTH ST.
CITY - ST - ZIP	SEBASTIAN FL 32958
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, WILLIAM
STREET ADDRESS	207 DELAWARE AVE
CITY - ST - ZIP	SEBASTIAN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NEUBERGER, CHARLES
STREET ADDRESS	357 MELROSE LANE
CITY - ST - ZIP	SEBASTIAN FL 32958

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEUBERGER, CHARLES
1.3 STREET ADDRESS	357 MELROSE LANE
1.4 CITY - ST - ZIP	SEBASTIAN, FL. 32958
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNELLY, THOMAS
2.3 STREET ADDRESS	149 KIDARE DRIVE
2.4 CITY - ST - ZIP	SEBASTIAN, FL. 32958
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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	EARL W. SHROYER
4.3 STREET ADDRESS	416 COLUMBUS ST.
4.4 CITY - ST - ZIP	SEBASTIAN, FL. 32958
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	NEGLIA, SAL
5.3 STREET ADDRESS	461 George Blvd
5.4 CITY - ST - ZIP	SEBASTIAN, FL. 32958
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CAROSI, JULIO
6.3 STREET ADDRESS	589 MICHAEL ST
6.4 CITY - ST - ZIP	SEBASTIAN FL 32958

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Harry Thomas* 2/11/98 561-388-3196

CR2E037 (10/97)