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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000006189 (2)

1. Corporation Name

SEBASTIAN ENTERPRISES, INC VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION

Principal Place of Business

Mailing Address

1501 E. HALLANDALE BEACH BLVD., STE. 134
HALLANDALE FL 33009

1501 E. HALLANDALE BEACH BLVD., STE. 134
HALLANDALE FL 33009

3. Date incorporated or Qualified

12/04/1996

4. FEI Number

31-1483408

Applied For
Not Applicable

2. Principal Place of Business

21 1749 E. Hallandale Bch Blvd

2a. Mailing Address

26 1749 E. Hallandale Bch Blvd

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

Suite, Apt. #, etc.

22 Suite 134

Suite, Apt. #, etc.

27 Suite 134

City & State

23 Hallandale FL

City & State

28 Hallandale, FL

24 Zip 33009

25 Country USA

29 Zip 33009

30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEIL, WAYNE
1501 E. HALLANDALE BEACH BLVD., STE. 134
HALLANDALE FL 33009

81 Name Same

82 Street Address (P.O. Box Number is Not Acceptable)
1749 E. Hallandale Beach Blvd

83 Suite 134

84 City Same

85 Zip Code FL Same

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME KEIL, WAYNE
STREET ADDRESS 1501 E. HALLANDALE BEACH BLVD., STE. 134
CITY-ST-ZIP HALLANDALE FL 33009

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 1749 E. Hallandale Beach Blvd, Ste 134
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME GREENBERG, STACY
STREET ADDRESS 1501 E. HALLANDALE BEACH BLVD., STE. 134
CITY-ST-ZIP HALLANDALE FL 33009

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 1749 E. Hallandale Bch. Blvd Suite 134
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME KEIL, ARLENE
STREET ADDRESS 1501 E. HALLANDALE BEACH BLVD., STE. 134
CITY-ST-ZIP HALLANDALE FL 33009

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 1749 E. Hallandale Bch. Blvd Suite 134
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

Wayne Alan Keil

2/24/98

954-458-7100

CP2E037 (10/97)