

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002847 (1)

1. Corporation Name

KM SEBASTIAN, INC.



Principal Place of Business

Mailing Address

KM SEBASTIAN, INC.
341 BROAD STREET
CLIFTON NJ 07013
US

C/O ARC PROPERTIES, INC.
341 BROAD STREET
CLIFTON NJ 07013
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/03/1992

3a. Date of Last Report

08/10/1995

4. FEI Number

65-0365120

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. 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

10. Name and Address of New Registered Agent

STUCKEY, JAMES M
310 W. 1ST. STREET
STUART FL 34994

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of the person named as registered agent and if not applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
AMBROSI, ROBERT J
341 BROAD STREET
CLIFTON NJ 07013

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
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STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

11 TITLE
☐ Change ☐ Addition

12 NAME
☐ Change ☐ Addition

13 STREET ADDRESS
☐ Change ☐ Addition

14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
☐ Change ☐ Addition

22 NAME
☐ Change ☐ Addition

23 STREET ADDRESS
☐ Change ☐ Addition

24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
☐ Change ☐ Addition

32 NAME
☐ Change ☐ Addition

33 STREET ADDRESS
☐ Change ☐ Addition

34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
☐ Change ☐ Addition

42 NAME
☐ Change ☐ Addition

43 STREET ADDRESS
☐ Change ☐ Addition

44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
☐ Change ☐ Addition

52 NAME
☐ Change ☐ Addition

53 STREET ADDRESS
☐ Change ☐ Addition

54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
☐ Change ☐ Addition

62 NAME
☐ Change ☐ Addition

63 STREET ADDRESS
☐ Change ☐ Addition

64 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96 201-345-1900

CR2E034 (3/96)