

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P93000038525 (0)**

1. Corporation Name

**SEBASTIAN/MASOTTI, INC.**



Principal Place of Business

Mailing Address

**1128 YATES ST.  
ORLANDO FL 32804  
US**

**1128 YATES ST.  
ORLANDO FL 32804  
US**

3. Date Incorporated or Qualified  
**05/21/1993**

3a. Date of Last Report  
**01/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1482 Westchester Ave**

26 **1482 Westchester Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Winter Park FL**

28 **Winter Park FL**

24 Zip

25 Country

29 Zip

30 Country

**32789**

**Orange**

**32789**

**Orange**

4. FEI Number

**59-3186288**

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

**MASOTTI, JOHN M.  
1128 YATES ST.  
ORLANDO FL 32804**

81 Name

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

**1482 Westchester Avenue**

83 **1482**

84 City

**Winter Park**

**FL**

85 Zip Code

**32789**

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 person authorized to file this statement with the Department of State

Signature of person authorized to file this statement with the Department of State

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **SEBASTIAN, FERD BEN III**  
STREET ADDRESS **105 MARKHAM COURT**  
CITY-ST-ZIP **LONGWOOD FL**

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

TITLE **VP** ☐ DELETE  
NAME **MASOTTI, JOHN**  
STREET ADDRESS **1128 YATES**  
CITY-ST-ZIP **ORLANDO FL**

2. TITLE ☒ Change ☐ Addition  
2. NAME  
2.3 STREET ADDRESS **1482 Westchester Ave**  
2.4 CITY-ST-ZIP **Winter Park FL 32789**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or on an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/96**

**539-3022**  
Daytime Phone

CR2E034 (12/95)