FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032354 (0)

1. Corporation Name
SEBASTIAN INTERNATIONAL MARKETING CORP.

Principal Place of Business	Mailing Address
459 THIRD STREET CRYSTAL RIVER FL 34428	P.O. BOX 999 CRYSTAL RIVER FL 34428

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4420 Wandering Path
Suite, Apt. #, etc. 22
City & State 23 Homosassa, FL
Zip 24 34487 County 25 USA

2a. Mailing Address
26 Po Box 929
Suite, Apt. #, etc. 27
City & State 28 Homosassa, FL
Zip 29 34487 County 30 USA

4. FEI Number: 59-3240833 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: BEVERLY SEBASTIAN
82 Street Address (P.O. Box Number is Not Acceptable): 4420 Wandering Path
83
84 City: Homosassa 85 FL Zip Code: 34487

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: Beverly Sebastian DATE: 4/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director ☒ Change ☐ Addition
NAME	SEBASTIAN, FERD	1.2 NAME	Sebastian Ferd
STREET ADDRESS	459 THIRD STREET	1.3 STREET ADDRESS	4420 Wandering Path
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	1.4 CITY-ST-ZIP	Homosassa, FL 34487
TITLE	D	2.1 TITLE	D/C/P ☒ Change ☐ Addition
NAME	SEBASTIAN, BEVERLY	2.2 NAME	Beverly Sebastian
STREET ADDRESS	459 THIRD STREET	2.3 STREET ADDRESS	4420 Wandering Path
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	2.4 CITY-ST-ZIP	Homosassa, FL 34487
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SEBASTIAN, TRACY	3.2 NAME	
STREET ADDRESS	459 THIRD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	REMITTED BY MAY 1
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	Deposited by Bank
CITY-ST-ZIP		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)(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: Beverly C Sebastian 2/2/95 9045635233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BEVERLY C. SEBASTIAN

0351002 CP