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 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078931 (0)**

1. Corporation Name
SEBASTIAN SERVICES INC.

Principal Place of Business	Mailing Address
~~2145 N.E. 204TH STREET~~ ~~NORTH MIAMI BEACH FL 33179~~ 3045 N Federal Hwy Suite 29 - 60D Ft. Lauderdale FL 33306	~~2145 N.E. 204TH STREET~~ ~~NORTH MIAMI BEACH FL 33179~~ 3045 N Federal Hwy Suite 29 - 60D Ft. Lauderdale, FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 3045 N Federal Hwy	26 3045 N. Federal Hwy
Suite, Apt. #, etc. 22 Suite 29 - 60D	Suite, Apt. #, etc. 27 Suite 29 - 60D
City & State 23 Ft Lauderdale FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33306	Zip 29 33306
Country 25 USA	Country 30 USA

4. FEI Number: 65-0531640 — ☐ 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
PINKWASSER, ALAN **2145 N.E. 204TH STREET** **NORTH MIAMI BEACH FL 33179**	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 _____ DATE
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	11 TITLE	D ☒ Change ☐ Addition
NAME	~~PINKWASSER, ETHEL~~	12 NAME	Josephine Vitale
STREET ADDRESS	~~2145 N.E. 204TH STREET~~	13 STREET ADDRESS	3045 N. Federal Hwy, Suite 29-60D
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33179~~	14 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	~~PINKWASSER, ALAN~~	22 NAME	
STREET ADDRESS	~~2145 N.E. 204TH STREET~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33179~~	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Josephine Vitale (Josephine Vitale) 4/27/95 (305) 537-1414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01M437 CP