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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000078931

1. Corporation Name
Sebastian Services Inc

Principal Place of Business
1263 E Las Olas Blvd
Suite 201
Ft. Lauderdale, FL 33301

Mailing Address
(Same)

3. Date Incorporated or Qualified: Oct 26, 1994
3a. Date of Last Report: April 1996

2. Principal Place of Business
21: 1263 E. Las Olas Blvd
22 Suite, Apt. #, etc: Suite 201
23 City & State: Ft. Lauderdale FL
24 Zip: 33301
25 Country: USA

2a. Mailing Address
26: 1263 E Las Olas Blvd
27 Suite, Apt. #, etc: Suite 201
28 City & State: Ft Lauderdale FL
29 Zip: 33301
30 Country: 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

81 Name: William J. Ackerman
82 Street Address (P.O. Box Number is Not Acceptable): 1263 E Las Olas Blvd
83: Suite 201
84 City: Ft. Lauderdale **FL** 85 Zip Code: 33301

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: William J. Ackerman VP,S — 4/1/97
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer Pina Ackerman 1263 E Las Olas Blvd Suite 201 Ft Lauderdale, FL 33301	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President, Treasurer Pina Ackerman 1263 E Las Olas Blvd Suite 201 Ft Lauderdale, FL 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President, Secretary William J. Ackerman 1263 E Las Olas Blvd Suite 201 Ft. Lauderdale, FL 33301	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President, Secretary William J. Ackerman 1263 E Las Olas Blvd Suite 201 Ft Lauderdale, FL 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Josephine Vitale	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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14. I do 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 a 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 added on an attachment with an address.

SIGNATURE: William J. Ackerman 4/1/97 (954) 761-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #