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

PROFIT CORPORATION **ANNUAL REPORT** 



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

1996 DOCUMENT #
1. Corporation Name

P95000000439 (6)

A. SEBASTIAN, INC.

Principal Place of Business Mailing Address

FILED
Apr 26 1996 8:00am
Secretary of State



12300 N.W. 6TH STREET PLANTATION FL 33325				12300 N.W. 6TH STREET PLANTATION FL 33325													
									3. Date Incorporated or Qualified 01/04/1995					3a. Date of Last Report			
	rincipal Place of Busin		. Mailing Address			4.	. FEI Num	ber	05	-44	4	94		Applied For			
21 26 Suite, Apt. #, etc.				Suite, Apt. #, etc.				00			'/			607	Not Applicable		
22 27				Suite, Apr. 11, etc.			5.	. Certificat	e of S	Status D	esired		3		5 Additional Regulred		
_ 0	ity & State		City & State				6.	. Election	Camp	aign Fir	nancing			\$5.0	00 May Be		
23	<del></del>	1	28					Trust Fur							ed to Fees		
Z4 Z	ip ·	Country 25	Zip Country			8.	This corporation has liability for intangible tax under s 199.032,     Florida Statutes										
=7	9, Name	and Address of Curre	29  nt Regist	ered Agent	100	7		10.	. Name a						gent		
						81	Name								<del></del>		
	KUZUPAS, CHARL					82	Street Ac	idress (P	O. Box N	umbe	r is Not	Accept	table)				
	12300 N.W. 6TH S																
	PLANTATION FL 3	3325				83											
						84	City							FL	<b>85</b> Z	ip Code	
11,	Pursuant to the provisi	lons of Sections 607,050	2 and 607	7,1508. Florida Statut	es, the at	bove-	l named corr	xoration s	submits th	is stat	tement t	or the c	ournos		naina its	registered office	
- 1	or registered agent, or	both, in the State of Flo pt the obligations of, Sec	rida. Such	change was authoriz	ed by the	e corp	oration's b	pard of d	lirectors. I	hereb	у ассер	ot the ap	ppointr	ment as	egistere	d agent. I am	
	ATURE	pr the congulation of our		ooo, Honou otatoto													
	Signature, typed	or printed name of registered age		·			nt signature requ	ired when r						DATE			
12.	<u></u>	OFFICERS AF	ND DIREC		13			<b></b>	ADDITIO	NS/CI	HANGE	s to o	FFICE			ORS IN 12	
TITLE	-	AS, CHARLES		☐ DELETE		1 TITLE									] Change	☐ Addition	
		N.W. 6TH STREET				NAME	ADDRESS										
		ATION FL 33325			ł	CITY-S											
TITLE	D			TT DELETE	_	1 TITLE	) I - ZIF							Г	] Change	Addition	
NAME	KUZUP	KUZUPAS, ELSIE M			22 N									_			
STREET	REET ADDRESS 12300 N.W. 6TH STREET						ADDRESS							,			
CITY-	ST-ZIP PLANT	ATION FL 33325				CHY-S											
TITLE				DELETE	3 1	TITLE									) Change	☐ Addition	
NAME	•				32	NAME											
STREE	T ADDRESS				3.3	. STREE	I ADDRESS										
CITY-S	ST-ZIP				3.4	C/TY-S	17-21P										
TITLE				DELETE	4.1	TITLE									Change	☐ Addition	
NAME					4.2	NAME											
STREET	T ADDRESS				4.3	STREET	ADDRESS										
CITY-S	ST-ZIP	····			4.4	CITY - S	T-ZIP										
TITLE				DELETE	5. 1	TITLE									Change	Addilion	
NAME					5.2	NAME											
STAEET	T ADDRESS				5.3	STREET	ADDRESS										
CITY-5	ST-ZIP			- December		CITY-S	T-ZIP							<u> </u>			
TITLE				□ DELETE		TITLE									Change	☐ Addition	
NAME						NAME											
	ADDRESS		1				ADDRESS									}	
CITY-S	do hereby certify that	the leternation purchis		ifino is voluntarily furn		CHY-S			<del></del>			24	0.000	NUL Y ET	. 6		

whor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under at the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name tachment with an address. certify that the Information indicated oath; that I am an officer or director appears in Block 12 or Block 13 954

**SIGNATURE:** 

CHARLES KUZUPBS 4-21-96
UNG OFFICER OR DIRECTOR

Challe

476-7468