Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90122 037 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000052208 1. Corporation Name

SEBASTIAN REAL PROPERTIES, INC.

Principal Place of Business Mailing Address								##	DIO4 1011 1 001
631 U.S. HIGHWAY ONE		631 U.S. HIGHWAY ONE		,					
SUITE 303 SUITE 303						DO NOT W	RITE IN THIS	SPACE	
N. PALM BEACH FL 33408 N. PALM BEACH FL 33408						3. Date Incorporated or Qualifed			
					ļ	06/30/1995			-
Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	lied For
21 26						65-0604661		Not	Applicable
Suite, Apt.	# etc.		Suite; Apt. #, etc.			·		\$8.75 A	dditional
22	., 5.51	<u> </u>	27			5. Certificate of Status Desired		Fee Red	quired
City & State	9	City & State				6. Election Campaign Financir		\$5.00	May Be
23		28				Trust Fund Contribution	"9 🗆	Added to	Fees
Zip Country		Zip Country			8. This corporation owes the o	urrent year Int		_	
24	25 29 30		ol			Personal Property Tax.			□No
9. Name and Address of Current Registered Agent				10. Name and Address of New Register				Agent	
			81	1 Name					
NORRIS, DAVID B			82	St	treet Addres	eet Address (P.O. Box Number is Not Acceptable)			
712 U.S. HIGHWAY ONE N. PALM BEACH FL 33408			83	83					
II. I ALIII BLAGITTE 00400									
				84 City FL 85 Zip Code					ode
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, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Agen	ıl sıgn	ature required v	when reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE 1	Р	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	SMALLEGANGE, SEBASTIAN		1.2 NAME	1.2 NAME					
STREET ADDRESS	12214 SEAWARD DR. W		1.3 STREET	T ADD	RESS				
CITY-ST-ZIP	N. PALM BCH FL 33408			1.4 CITY-ST-ZIP					□ Addition
πιε		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME						
STREET ADDRESS	المعتب المراجع المعاشر المارات		2.3 STREET ADDRESS		RESS	- N. J. 1985		-	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		,			☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE					☐ Change	Monthous i
NAME			3,2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		RESS				
CITY-ST-ZIP			3.4. CITY+5	ST-ZIF	3			Change	☐ Addition
TITLE		☐ DELETE	4.1 TITLE					□ change	☐ Addition
NAME	•		4.2 NAME						
STREET ADDRESS			4.3 STREET						
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		,		Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					□ change	
NAME				*					
STREET ADDRESS			5.3 STREE	I ADD	IKESS				

14. I 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

Change

☐ Addition