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May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000053067 (1)

1. Corporation Name

SEBASTIAN'S GOURMET CAFE, CO.

Principal Place of Business

2727 ULMERTON RD.
1C
CLEARWATER FL 34622
US

Mailing Address

8406 BLACKSTONE CT.
TAMPA FL 33615-4911

3. Date Incorporated or Qualified
07/11/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 2727 ULMERTON RD

2a. Mailing Address

26 2727 ULMERTON RD

Suite, Apt. #, etc.

22 #110

Suite, Apt. #, etc.

27 #110

City & State

23 CLEARWATER FL

City & State

28 CLEARWATER FL

Zip

24 33762

Country

25 USA

Zip

29 33762

Country

30 USA

9. Name and Address of Current Registered Agent

RODRIGUES, GILBERT
8406 BLACKSTONE CT.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2727 ULMERTON RD

83

SUITE 110

84

CLEARWATER

FL

85 Zip Code

33762

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, 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

Gilbert Rodrigues
Signature, typed or printed name of registered agent and title if applicable

(GILBERT RODRIGUES)

(NOTE: Registered Agent signature required when reinstating)

4/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P
RODRIGUES, GILBERT
8406 BLACKSTONE CT.
TAMPA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST
ROSA, KIEF
8406 BLACKSTONE CT.
TAMPA FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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

Gilbert Rodrigues

4/27/97 83 573 1343

CR2E034 (9/96)