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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra A. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000087312 (1)

1. Corporation Name

SEBASTIAN'S, INC.

Principal Place of Business

5519 SHORE BOULEVARD SOUTH
GULFPORT FL 33707

Mailing Address

5519 SHORE BOULEVARD SOUTH
GULFPORT FL 33707

2. Principal Place of Business

21 Suite, Apt. #, etc.

26a. Mailing Address

26 P.O. BOX 260986

27 Suite, Apt. #, etc.

28 City & State

28 TAMPA, FL

22 City & State

23 Zip

Country

29 Zip

30 Country

29 33685-0986 30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

SUSAN M. SEBASTIAN

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

7611 DOLONITA COURT

83

84 City

TAMPA

FL 85 Zip Code

33615-2416

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: *Susan M. Sebastian*

Signature of or printed name of Registered Agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

Susan M. Sebastian, Vice President

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP (N/A)
NAME	SEBASTIAN, REGINA M		P.O. BOX 260986
STREET ADDRESS	5519 SHORE BOULEVARD SOUTH		TAMPA, FL 33685-0986
CITY-ST-ZIP	GULFPORT FL 33707		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP VSTD (N/A)
NAME	SEBASTIAN, SUSAN MARIE		P.O. BOX 260986
STREET ADDRESS	5519 SHORE BOULEVARD SOUTH		TAMPA, FL 33685-0986
CITY-ST-ZIP	GULFPORT FL 33707		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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.

SIGNATURE: *Susan M. Sebastian*

SUSAN M. SEBASTIAN, VICE PRESIDENT

813-343-2314

CR2E034 (10/97)