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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P96000044441 (9)

1. Corporanc	on Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7		J	
SEBAS	TIAN'S TRADING COMPA	NY, INC.			I (Aŭijaŭi (15 (Ej)a delti bilit avel dalti bell	
						,
Principal Plac	e of Business	Mailing Address			T HOUSINGS HIS TRIED BIBLE BOILE TRIES BOILE OF IL	.
3535 SE MAI	RICAMP RD	638 SOUTHEAST 21 F	PLACE			
SUITE 700 OCALA FL 34471					DO NOT WRITE IN T	HIS SPACE
OCALA FL 34471 US					3. Date Incorporated or Qualified	THO OF MOL
					05/23/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3381025	Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	
25		29	30		Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curr	ent Hegistered Agent		Name	10. Name and Address of New Registe	rea Agent
AMERILAWYER CHARTERED			L			
	3 ALMERIA AVENUE DRAL GABLES FL 33134		6	Street Add	ress (P.O. Box Number is Not Acceptable)	
O.C	MAL CADLES (C 33134		1	13		
				4 City		85 Zip Code
			ľ	City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Sta	atutes, the abo	ove-named corpora	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing its registered
agent la	am familiar with, and accept the ob	ligations of, Section 607.0505,	Florida Statu	les.	more board of directors. Thereby accept the	appointment as registered
SIGNATURE	LATRY					
12.	Signature, typed or printed name of registered OFFICERS A	AND DIRECTORS	NOTE: Registered /	gent signature requi	ired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITL	<u> </u>	ADDITIONS/OFFICINGES TO OFFICE TO	Change Addition
NAME	BIBEAU, DENISE L		1.2 NAM	le		-
STREET ADDRESS	638 SOUTHEAST 21 PLACE	E	1.3 STRI	EET ADDRESS		
CITY-ST-ZIP	OCALA FL 34471		1.4 City	- ST - ZIP		
TITLE	\$T	☐ DEL e te	2.1 TITL	E		Change Addition
NAME	CRANE, LORRIANE	_	2.2 NAM	E		
STREET ADDRESS	638 SOUTHEAST 21 PLACE	E	2.3 STR	EET ADDRESS		
City-St-ZIP	OCALA FL 34471	Deserte		(-ST-ZIP		T 01 11 4488
TITLE	}	DELETE	3 1 TITL	I		Change Addition
NAME STREET ADDRESS			3.2 NAM	EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.1 TITL	Y-ST-ZIP		Change Addition
NAME			4. 2 NA			
STREET ADDRESS				et address		
CITY-ST-ZIP				- ST - ZIP		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	61 TITL	E		Change Addition
NAME			6.2 NAM	F !		

14. Thereby 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 triffstee 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:

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 03 1998 8:00am

Secretary of State