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

DOCUMENT # P96000073053 (6)

SEBASTIAN'S CUSTOM WOODWORKING, INC.

FILED May 05 1998 8:00am Secretary of State



								FILLI	
Principal Place of Business Mailing Address							16600 11111 04101 01	****	
2636 20TH AVE N 2636 20TH AVE N									
ST PETERSB	URG FL 33713	ST PETERSBURG FL 33713				DO NOT WRITE IN THIS SPACE			
İ						3. Date Incorporated or Qualified			
						08/29/1996			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		[26]				59-3401558		ot Applicable	
Suite, Apt.	#, 6 tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City & Stat	A	27 City & State				6. Election Campaign Financing		<u> </u>	
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Ζφ	Count	ry		8. This corporation owes or has paid the			
24	25	29	30			Personal Property Tax due June 30.	Yes	ÌNo	
<u> </u>	g. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent		
Carnevale, Sebastiano				11 1	Name				
	36 20TH AVE N PETERSBURG FL 33713		8	2 S	Street Addre	ess (P.O. Box Number is Not Acceptable)			
ST		8	<u>_</u>						
			ľ	3					
			8	4 C	Dity		85 Zip	Code	
SIGNATURE	Signature, typed or profited name of registered age OFFICERS AND		TE: Registered A	a hogo	eriuper erutangi.	ad when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS A		2S IN 12	
TITLE	PD OFFICE NO ANY	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	CARNEVALE, CARMELA		1.2 NAM						
STREET ADDRESS	2636 20TH AVE N		1.3 STRE		DRESS				
CITY-ST-ZIP	ST PETERSBURG FL 33713		1.4 CITY	1.4 CITY - ST - ZIP					
TITLE	VP	DELETE	DELETE 2.1 TITLE				Change	Additio	
NAME	CARNEVALE, SEBASTIANO		22 NAM	E	ļ				
STREET ADDRESS	2636 20TH AVENUE NORTH		2.3 STRE						
CITY-ST-ZIP TITLE	ST. PETERSBURG FL			2. 4 CITY - ST - ZIP 3.1 TITLE			Change	Addition	
NAME				3.2 NAME			CT Charific		
STREET ADDRESS	2636 20TH AVENUE NORTH		3.3 STRE		DRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		- 2	3.4. CITY - ST - ZIP					
TITLE		DELETE		4 1 TITLE			☐ Change	Addition	
NAME			4 2 NAM	4E					
STREET ADDRESS			4.3 STRE	ET ADO	DRESS				
CITY-ST-ZIP		The street		4.4 CITY - ST - ZIP				T Tissue	
TITLE		DELETE		5.1 TITLE			L. Change	L Addition	
NAME CTREET ADDRESS			5.2 NAM 5.3 STRF		NDECC				
STREET ADDRESS CITY-ST-ZIP									
TITLE		DELETE	6.4 CHY	'-ST-ZIP F			Change	Addition	
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE		DRESS				
CITY-\$1-ZIP			6.4 CITY		l l				
AA Ibaaabaa		11 11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0 15 440 67(0)(0) (0) (1) (1)	105 43 114		

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 informatio 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.