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 # P97000026719 (9)

REGIS CARD & GIFT OF SEBASTIAN, INC.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address	,		E HODINODI HIR IRRIK IRRAK ERRIK BRIIK ORIKI ORIKI ORIKI ORIKI ORIKI ORIKI ORIKI IRRIK IRRIK IRRIK IRRI IRRI
741 FELLSMERE ROAD UNIT 2 SEBASTIAN FL 32958		741 FELLSMERE ROAD Unit 2 Sebastian Fl 32958			DO NOT WRITE IN THIS SPACE
					3. Date incorporated or Qualified
2 -8 /					03/25/1997
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 Cuito Ant	# 810	26 Suite, Apt. #, etc.			65 - 0759953 Not Applicable
Suite, Apt. #, etc.		27	27		5. Certificate of Status Desired See Required Fee Required
City & State	9	City & State			Election Campaign Financing \$5.00 May Be
23		28	· .		Trust Fund Contribution Added to Fees
Zip			Count	ry	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curren	1 Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
P0	· 	it negistered Agent	8	1 Name	· · · · · · · · · · · · · · · · · · ·
	INGS, INC.			110	·
	32 N.W. 16TH STREET LAUDERDALE FL 33311-4132		L		t Address (P.O. Box Number is Not Acceptable)
			8	3	
				4 City	FL 85 Zip Code
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 age			gent signatur	re required when reinstating) DATE
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SLOAN, ALASTAIR T		1.1 TITLE 1.2 NAM		
STREET ADDRESS	741 FELLSMERE RD, UNIT 2				HALL, DANIEL M 741 FELLSMERE RD, UNITZ
	SEBASTIAN FL 32958			ET ADDRESS	SEBASTIAN, FL 32958
CITY-ST-ZIP TITLE	GEDASTIANT L SESSO	DELETE	1.4 City 2.1 Title		Change Addition
NAME			2.2 NAM		- State of the sta
STREET ADDRESS				ET ADDRESS	
i					
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	-ST-ZIP	Change Addition
NAME			3.1 IIICE 3.2 NAM		
STREET ADDRESS				et address	
CHY-ST-ZIP	•		3.3 SINC 3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS				et address	
City-St-Zip			4.4 CITY		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	••		5.2 NAMI		
STREET ADDRESS				Et address	
CITY-ST-ZIP			5.4 CITY		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		—	6.2 NAM		
STREET ADDRESS				Et address	
CITY-ST-ZIP	•		6.4 CITY		
da Ibereli e			0.4 0114	31-ZIP	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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.