99 JUN 29 AM IO: L.1 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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

PROFIT CORPORATION ANNUAL REPORT 1999 DOCUMENT # P970000 34956 1. Corporation Name

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of Side

DIVISION OF CORPORATIONS

SEBASTIAN INTERNATIONAL ENTERTAINMENT, INC.

Malling Address

Principal Place of Business 1101 DELK ROAD

LONGWOOD, FL 32779

						4-11.7	/ &		
2. Principal Place of Business 21 1101 DBLK RORD			2a. Mailing Address 26 1101 DELK ROAD			4. FEI Number 59-34	40973		Applied For
Suite, Ap		27	Suite, Apt. #, etc.	HUND	····	5. Certificate of S			Not Applicable 75 Additional Required
City & Sta		28	City & State	FL		6. Election Camp Trust Fund Co			.00 May Be Ided to Fees
Zip 4 32 1		untry 29	Zip 32779	Countr	SA	8. This corporation Personal Property	on owes the current erty Tax.	t year Intangible	
	9. Name and Ad	ddress of Current Reg	istered Agent	81		10. Name and Ad	dress of New Reg	istered Agent	
LONGWOOD PL 31779					82 Street Address (P.O. Box Number is Not Acceptable) 1101 DELK ROAD 83				
				84		NEWDOD			Zip Code 3 2 7 7 9
office of	registered agent, or b	ooth, in the State of Flor	607.1508, Florida Statut ida. Such change was a f, Section 607.0505, Flo	uthorized by	the corporation	pration submits this st n's board of directors	atement for the pur . I hereby accept the	rpose of changin he appointment	ig its registered as registered
SIGNATURE	-		"H-NY-	5 12 - 14				5.20-99 DATE	
12.		OFFICERS AND DIK		13.			MIGES TO OFFIC		
TITLE	DIRECTOR		DELETE	1.1 TITLE	10	rector_		, Eleha	ange ∏ Additio
NAME PTDGET ADODESS		V SEBASTIAN	700	12 NAME	7.00000 110		SEBASTA ROAD		

STREET ADDRESS LONGWOOD 32779 FC LON/GWOOD, FL 32779 CITY-ST-ZIP 1.4 CITY-ST-ZIP DIRECTOR ☐ DELETE DIRECTOR **⊕** Change Addition TITLE 2.1 TITLE JAN L. SEBABTIAN NAME L. SEBASTANI MARKHAM GOURT 22 NAME JAN 1101 DELK ROAD STREET ADDRESS 105 2.3 STREET ADDRESS LONGWOOD 32779 LONGWOOD 82779 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 T/TLE 32 NAME 3.3 STREET ADDRESS YORESS 3.4. CiTY-ST-ZIP DELETE 600002927⁵26 <u>0</u>^ -07/09/99--01073--010 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS ****558.75 ****558.75 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-2IP DELETE 6.1 TITLE Change Addition 6.2 NAME

> 6.3 STREET ADDRESS 64 CITY-ST-ZIP

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 iver or trustee empowered to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in hment-with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-99

407-862·3200