

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90010 015 \*\*\*150.00

0325630

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000047345**

1. Corporation Name  
**GHO SEBASTIAN, INC.**



Principal Place of Business 5670 CORPORATE WAY WEST PALM BEACH FL 33407	Mailing Address 5670 CORPORATE WAY WEST PALM BEACH FL 33407
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1998	
21 Suite, Apt. #, etc.	26	4. FEI Number 65-0840215		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132		81 Name HANDLER, WILLIAM N. ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 5670 CORPORATE WAY 83 WEST PALM BEACH, FL 33407 84 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 William N. Handler DATE 4/21/99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLER, DAN	1.2 NAME	
STREET ADDRESS	5670 CORPORATE WAY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33407	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLER, WILLIAM N	2.2 NAME	
STREET ADDRESS	5670 CORPORATE WAY	2.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, RICHARD	3.2 NAME	
STREET ADDRESS	5670 CORPORATE WAY	3.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN, L J	4.2 NAME	
STREET ADDRESS	5670 CORPORATE WAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	WEST PALM BEACH FL 33407	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DVPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	HANDLER, ERETT
STREET ADDRESS		5.3 STREET ADDRESS	5670 CORPORATE WAY
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE: William N. Handler DATE 4/21/99 DAYTIME PHONE # 561-688-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)