


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90291 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA8000090689					
1. Corporation Name SL Sebastian, Inc. ✓					
Principal Place of Business 3936 S. Semoran Blvd. Suite 1508 Orlando, Florida 32822		Mailing Address 3936 S. Semoran Blvd. Suite 1508 Orlando, Florida 32822			
2. Principal Place of Business 21 2510 S. Hiway A1A Suite, Apt. #, etc.		2a. Mailing Address 26 P O Box 729 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10-23-98	
22		27		4. FEI Number 59-3571731 Applied For Not Applicable	
23 Ft. Pierce, FL City & State Zip 34949 Country USA		28 Melbourne, FL City & State Zip 32902 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Robert DeHarden 3936 S. Semoran Blvd. Suite 1508 Orlando, Florida 32822		10. Name and Address of New Registered Agent 81 Name Juanita Waddell 82 Street Address (P.O. Box Number is Not Acceptable) 105 S. Riverside Drive Suite 150 83 84 City Indianapolis FL 85 Zip Code 32903			
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 Juanita N. Waddell Juanita N. Waddell 4-26-99 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE D, P, S, T. <input type="checkbox"/> DELETE NAME Robert DeHarden STREET ADDRESS 3936 S. Semoran Blvd., Suite 1508 CITY-ST-ZIP Orlando, Florida 32822					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D, P, S, T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Robert DeHarden 1.3 STREET ADDRESS 2510 S. Hiway A1A 1.4 CITY-ST-ZIP Ft. Pierce, FL 34949					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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: **Robert DeHarden** **4-26-99** **407-733-0085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)