

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90008 031 \*\*\*150.00

DOCUMENT # P97000015550

1. Corporation Name

"SEPT: EDUCATIONAL SERVICES, CONSULTANTS, & AND  
PERFORMANCE TROUPE, INC.

Principal Place of Business

290-174TH STREET  
#2417  
MIAMI BEACH FL 33160

Mailing Address

290-174TH STREET  
#2417  
MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

65-0781401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 SAME AS ABOVE

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

PULLEN, SHEILA V  
290-174TH STREET  
PH 2417  
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Sheila Caesar Pullen

4/27/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CAESAR, RUFUS  
STREET ADDRESS 290 174TH ST PH 2417  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE S ☐ DELETE

NAME HARRIS, RHONDA L  
STREET ADDRESS 290-174TH ST PH 2417  
CITY-ST-ZIP MIAMI FL 33160

TITLE VP ☐ DELETE

NAME TOWNES, DIANE  
STREET ADDRESS 290 :174TH ST PH 2417  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE T ☐ DELETE

NAME PULLEN, SHEILA CAESAR  
STREET ADDRESS 290 174TH ST PH2417  
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

M/D  
BOLDEN, RHONDA, L.H.  
290-174TH ST PH 2417  
MIAMI BEACH, FL 33160

S  
TOWNES, DIANE  
290-174TH ST. PH 2417  
MIAMI BEACH FL 33160

C  
HARRIS, VANESSA, E.S.  
290-174TH STREET PH 2417  
MIAMI BEACH, FL 33160

NP  
GOTTO, ZENA  
290-174TH STREET  
MIAMI BEACH, FL 33160

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:

Sheila Caesar Pullen, E.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (305) 466-9169

Date

Daytime Phone #

CR2E034 (11/98)

0233241