

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

FILED

Jun 23 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 'F96000006226 (2)

1. Corporation Name

SEPTIMA ENTERPRISES, INC.

Principal Place of Business

600 SANDTREE DR #212
LAKE PARK FL 33403

Mailing Address

600 SANDTREE DR #212
LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

85-0368333

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8280 BOB-O-LINK DR.

Suite, Apt. #, etc.

22

City & State

23 WEST PALM BEACH FL

Zip

24 33412

Country

25 PALM BEACH

2a. Mailing Address

26 P.O. BOX 12306

Suite, Apt. #, etc.

27

City & State

28 LAKE PARK, FL

Zip

29 33403

Country

30 USA

9. Name and Address of Current Registered Agent

DARLING, CHARLOTTE
600 SANDTREE DR #212
LAKE PARK FL 33403

10. Name and Address of New Registered Agent

81 Name

Louis S. Camilli

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

8280 BOB-O-LINK DR

83

City

WEST PALM BEACH

84

LAKE PARK

FL

85 Zip Code

33403

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 Louis S. Camilli

Signature type for printed name of registered agent and fee if applicable

Signature type for printed name of registered agent and fee if applicable

2/18/98

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|----------------------|--|
| TITLE | DCP | <input checked="" type="checkbox"/> DELETE |
| NAME | MORGAN, R EDWIN | |
| STREET ADDRESS | 600 SANDTREE DR #212 | |
| CITY - ST - ZIP | LAKE PARK FL 33403 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CAMILLI, LOUIS S | |
| STREET ADDRESS | 600 SANDTREE DR #212 | |
| CITY - ST - ZIP | LAKE PARK FL 33403 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DILLENBACK, DARRYL J | |
| STREET ADDRESS | 600 SANDTREE DR #212 | |
| CITY - ST - ZIP | LAKE PARK FL 33403 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DAVIDSON, ROY H | |
| STREET ADDRESS | 600 SANDTREE DR #212 | |
| CITY - ST - ZIP | LAKE PARK FL 33403 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | COSTELLO, RONALD J. | |
| STREET ADDRESS | 60 SANDTREE DR #212 | |
| CITY - ST - ZIP | LAKE PARK FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | WOOD, JAMES A. JR | |
| 1.3 STREET ADDRESS | 5363 SHADWOOD LN | |
| 1.4 CITY - ST - ZIP | ORLANDO, FL 32819 | |
| 2.1 TITLE | DCP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CAMILLI, LOUIS S. | |
| 2.3 STREET ADDRESS | 8280 BOB-O-LINK DR | |
| 2.4 CITY - ST - ZIP | WEST PALM BEACH, FL 33412 | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HENSLEY, GEORGE H. | |
| 3.3 STREET ADDRESS | 6229 NORTHLAND NE | |
| 3.4 CITY - ST - ZIP | ALBUQUERQUE, NM 87109 | |
| 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.

SIGNATURE:

R. Edwin Morgan

2/18/98

(561) 624-7299

CR2E034 (10/97)