

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

FILED
Feb 27 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 # K19984 (9)
 1. Corporation Name
SEPTEMBER GROUP, INC.



Principal Place of Business
**7000 SAMMS AVE.
 P.O. BOX 291007
 PORT ORANGE FL 32129**

Mailing Address
**7000 SAMMS AVE.
 P.O. BOX 291007
 PORT ORANGE FL 32129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1988

4. FEI Number
59-2882557

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 **2922 Sea Oats Circle**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **2922 Sea Oats Circle**
 Suite, Apt. #, etc.

22 City & State
 27 **Daytona Beach Shores, FL**

23 **Daytona Beach Shores, FL**
 Zip Country
 24 **32118** 25 **USA**

29 **32118** 30 **USA**

g. Name and Address of Current Registered Agent
**JOHNSON, VERN
 4525 G ATLANTIC AVENUE
 SUITE 1503
 PONCE INLET FL 32127**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2922 Sea Oats Circle

83

84 City **Daytona Beach Shores FL** 85 Zip Code **32118**

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 *[Signature]* DATE **2/21/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, VERNON A.	
STREET ADDRESS	4525 G ATLANTIC AVENUE, #1503	
CITY-ST-ZIP	PONCE INLET FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LINDA	
STREET ADDRESS	4525 G ATLANTIC AVENUE, #1503	
CITY-ST-ZIP	PONCE INLET FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Johnson, Vernon A.	
1.3 STREET ADDRESS	2922 Sea Oats Circle	
1.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Johnson, Linda	
2.3 STREET ADDRESS	2922 Sea Oats Circle	
2.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
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.

SIGNATURE *[Signature]* **Linda Johnson 02/21/98 (904) 767-6373**

CR2E034 (10/97)