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**

DOCUMENT # M94438

SEPTRONICS INTERNATIONAL OF FLA., INC.

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Principal Place of Business Mailing Address						1 '	18010001 ISO 10111 BIOL BIOLD	TEER COLC BARE DE	BIL BEBLI ALBII DI	ari Billir (ga)
375 ROBERTS I	RD	375 ROBERTS ROAD								
OLDSMAR FL 3		OLDSMAR FL 34677			DO NOT WRITE IN THIS SPACE					
US		US				3. Date Incorporated or Qualifed				
							6/1988	u		ļ
2 Dringing D	ace of Business	2a. Mailing Address					umber 2		Apr	lied For
	ace of business	26					92633		 	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				 	<u></u> _		\$8.75 A	
22	., 515.	27				5. Certif	cate of Status Desired		Fee Rec	I
City & State	e	City & State				6. Electi	on Campaign Financing	9 🗖	\$5.00	May Be
23		28				Trust	Fund Contribution	, _□	Added to	
Zíp	Country	Zip	Cou	ntry	·	8. This o	orporation owes the cu	irrent year Inta		
24	25	29	30				nal Property Tax.			□ No
	9. Name and Address of Curren	t Registered Agent					and Address of New	Registered A	Agent	
cent	CUDICTODUED			81 1	Name	CH^{R}	us sepe	JR		ĺ
SEPE, CHRISTOPHER J 3796 PRESIDENTIAL CT.				82 3	Street Addre	ss (P.O. Bo	x Number is Not Accep	table)		
	M HARBOR FL 34685					1/95	MISTWOOD	UK.		
PALI	W MANBON FL 34003			83						
		_		84 (City - AR	PON S	SPRINGS	FL	85 Zip C	889
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 of lange 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.									registered Jistered	
agent. I a	m familiar with, and accept the obligation	lions of, Section 607.0505, Flo	nda Stati	ites.			1.	-20-9	î 9	
SIGNATURE	Signature, typed of printed name of registered agen	t and title if applicable (NOTE	Registered	Agent si	gnature required	when reinstating		DATE		
12.	OFFICERS AN		13.		<u>, , , , , , , , , , , , , , , , , , , </u>		IONS/CHANGES TO C	FFICERS AN	D DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 Tf1	ΠE	BOS	essions	P		Change	Addition
NAME	SEPE, CHRIS	,	1.2 NA	ME	CH.	Ris Se	PC JR			
STREET ADDRESS	3796 PRESIDENTIAL CT.		1.3 ST	REET AD	DRESS 119	95 mi	STWOOD DR	_ ^		
CITY-ST-ZIP	PALM HARBOR FL 34685		1.4 CF	TY-ST-Z	IP TA	-RAON.	Spaings, F	- 346	89	
TITLE		☐ DELETE	2.1 TI	ΓLE					☐ Change	Addition
NAME			2.2 N	ME						
STREET ADDRESS			2.3 ST	REET AC	DDRESS					
CITY-ST-ZIP			2.4 C	TY-ST-Z	ZIP					
TITLE		☐ DELETE	3.1 TI	TLE					☐ Change	Addition \
NAME .			3.2 N	WE	-					ļ
STREET ADDRESS			3.3 \$1	REETAL	ODRESS				•]
CITY-ST-ZIP			3.4. C	TY-ST-Z	ZIP					
TITLE		☐ DELETE	4.1 TI	ΠE					☐ Change	☐ Addition {
NAME			4.2N	AME						
STREET ADDRESS			4.3 ST	REET AS	ODRESS					
CITY-ST-ZIP			_	TY-ST-Z	DP				FT 01	
TITLE		☐ DELETE	5.1 Tr						Change	☐ Addition
NAME			5.2 NA							
STREET ADDRESS				REETAL	i					
CITY-ST-ZIP			_	TY-ST-Z	ZIP		West #1181			
TITLE		☐ DELETE	6.1 TI						☐ Change	☐ Addition
NAME			6.2 N							1
STREET VUUDESS			■ 6.3 ST	REET AL	JUKESS					

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 use and accuracy 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an apachment with an address, with every other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

813-855-2333 x12

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90106 028 ***150.00