FILED Apr 13, 1999 8:00 am Secretary of State

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PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300074893 1. Corporation Name

SEPENT, INC.

						1 100	idá l iső sélőn sasti ok	JI BUDUK BUDU DUKI	 	
Principal Place	e of Business	Mailing Address			}		/			
819 SIMONTON STREET 121 US HWY 1										
KEY WEST FL 33040		STE #103			}	DO NOT WRITE IN THIS SPACE				
KEY WEST FL 33040						3. Date Incorporated or Qualified				
		03			'			160		
	,	10-14-11				10/22/1 4. FEI Num				-lind For
─ '	ace of Business	2a. Mailing Address			'				h	plied For
21 26					-	65-044	1200	- tmir - t	\$8.75 A	t Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired				
		27							Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution Added to Fees					
23		28	Carmen							o rees
Zip	Country	Zip	Country		1 '		oration owes the	current year in		□No
24	[25]	29 3	0] ,				Property Tax.	Bosistored		
	9. Name and Address of Currer	nt Registered Agent	81	Name	7	u. Name an	d Address of Ne	w Registered	Agent	
VEM	D MALLIAM O		61	Name						
KEMP, WILLIAM O			82	Street	Address	(P.O. Box N	umber is Not Acc	eptable)		
1438 KENNEDY DR							HWAY ON		#103-	
KEY	WEST FL 33040		83		-	-				
			84	City					85 Zip C	ode
			1	KEV	WE	ኖ ሞ		FL	- 331	040
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named	corporati	on submits	his statement for	the purpose o	f changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	horized by	the corpo	oration's	board of dire	ectors. I hereby a	ccept the appo	inimeni as reģ	jistered
	The state of the s									
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ager	nt signature n	equired whe	n reinstating)		DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITION	S/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE	VP □ DELETE		1.1 TITLE						Change	☐ Addition
NAME	KEMP, WILLIAM O		1.2 NAME							
STREET ADDRESS	1438 KENNEDY DRIVE		1.3 STREET	ADDRESS	121	II S	HTGHWAY	ONE.	STE #1	0.3
CITY-ST-ZIP	KEY WEST FL					21 U.S. HIGHWAY ONE, STE #103 EY WEST, FLORIDA 33040				
TITLE	D	☐ DELETE	2.1 TITLE		KE-I-	WE-ST	ELONLU	A 330	Change	☐ Addition
NAME	SEGEL, SHELDON L		2.2 NAME							
	- 1605 VON PHISTER		2.3 STREET	ADDRESS						
STREET ADDRESS	KEY WEST FL 33040									
CITY-ST-ZIP	VET MEST LE 39040	☐ DELETE	2. 4 CITY-S 3.1 TITLE	11-21					☐ Change	☐ Addition
TITLE		-1 0 mc = 16	3.2 NAME				_			
NAME .	بيو متحصصي على الله الله				,		_			
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP		□ or ere	3.4. CITY-S	T-ZIP					Change	Addition
TITLE _	-	☐ DELETE	4.1 TITLE							
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY+ST-ZIP			4 4 CITY-S	T-ZIP	ļ					
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP			5 4 CITY-S	T-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 charged, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ DELETÉ

Change

☐ Addition