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04-30-1999 90008 031 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000015550

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



Principal Place of Business	Mailing Address
290-174TH STREET #2417 MIAMI BEACH FL 33160	290-174TH STREET #2417 MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/17/1997	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number 65-0781401	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS ABOVE	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 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 **SAME AS ABOVE**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **MIAMI BEACH** 85 Zip Code **FL 33160**

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 DATE 4/27/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CAESAR, RUFUS	
STREET ADDRESS	290 174TH ST PH 2417	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HARRIS, RHONDA L	
STREET ADDRESS	290-174TH ST PH 2417	
CITY-ST-ZIP	MIAMI FL 33160	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TOWNES, DIANE	
STREET ADDRESS	290 :174TH ST PH 2417	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PULLEN, SHEILA CAESAR	
STREET ADDRESS	290 174TH ST PH2417	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	M/D GOLDEN, RHONDA, L.H.
2.3 STREET ADDRESS	290-174th ST PH 2417
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33160
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TOWNES, DIANE
3.3 STREET ADDRESS	290-174TH ST. PH 2417
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33160
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 checked="" type="checkbox"/> Addition
5.2 NAME	HARRIS, VANESSA, E.S.
5.3 STREET ADDRESS	290-174TH STREET PH 2417
5.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33160
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NP GOTTO, ZENA
6.3 STREET ADDRESS	290-174TH STREET
6.4 CITY-ST-ZIP	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. DATE: 4/27/99 (305) 466-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)