

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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90063 010 ***150.00

DOCUMENT # P97000093861

1. Corporation Name

SEPTEMBER TRANSPORTATION SYSTEMS, INC.



Principal Place of Business

1305 LANDINGS BOULEVARD
WEST PALM BEACH FL 33413

Mailing Address

P.O. BOX 54028
LAKE WORTH FL 33454

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

65-0818431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1345 W. University Pkwy
Suite, Apt. #, etc.

22 # 3

23 City & State

SARASOTA, FL

24 Zip

34243

Country

2a. Mailing Address

26 1345 W. University Pkwy
Suite, Apt. #, etc.

27 Suite # 3

28 City & State

SARASOTA, FL

29 Zip

34243

Country

9. Name and Address of Current Registered Agent

SINGER, LUCY
501 GOLDEN ISLES DR STE 206F
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name

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

83 744 41st Street 1345 W. University Pkwy

84 City

SARASOTA

FL

85 Zip Code

34243

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, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-22-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME SINGER, LUCY
STREET ADDRESS 1305 LANDING BLVD.
CITY-ST-ZIP WEST PALM BEACH FL 33413

TITLE ☐ DELETE

NAME SINGER, LUCY
STREET ADDRESS 744 41st Street
CITY-ST-ZIP SARASOTA, FL 34243

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

941-360-8334

Daytime Phone #

CR2E034 (11/98)

0577238