


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711683 (3)**

1. Corporation Name  
**THE SOMERSET OF GULF STREAM, INC.**

Principal Place of Business <b>2613 N OCEAN BLVD GULFSTREAM FL 33483</b>	Mailing Address <b>2613 N OCEAN BLVD GULFSTREAM FL 33483-7353</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>10/25/1986</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-1157002</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  <b>MELLO, DORIS P 2613 N OCEAN BLVD GULFSTREAM FL 33483</b>	10. Name and Address of New Registered Agent  <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC CARTY, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>2613 N OCEAN BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFSTREAM FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHWERING, HARLEY</b>	2.2 NAME	<b>STACKLER, WALTER L.</b>
STREET ADDRESS	<b>2613 N OCEAN BLVD</b>	2.3 STREET ADDRESS	<b>2613 N OCEAN BLVD</b>
CITY-ST-ZIP	<b>GULFSTREAM FL</b>	2.4 CITY-ST-ZIP	<b>GULF STREAM, FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VON MAUR, JACK R.</b>	3.2 NAME	
STREET ADDRESS	<b>2613 N OCEAN BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFSTREAM FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, W. OSBORN</b>	4.2 NAME	
STREET ADDRESS	<b>2613 N OCEAN BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFSTREAM FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOSEE, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>2613 N. OCEAN BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFSTREAM FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELLO, DORIS P</b>	6.2 NAME	
STREET ADDRESS	<b>2613 N OCEAN BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GULFSTREAM FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris P. Mello **DORIS P. MELLO** **4/9/97** **561-278-3724**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0044840

CR2E037 (9/96)