

FILE NOW: FILING FEE IS \$61.25

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**Feb 27 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728423 (5)

1. Corporation Name
SOMERSET CONDOMINIUM NO. SIX, INC.



Principal Place of Business 2861 SOMERSET DRIVE LAUDERDALE LAKES FL 33311	Mailing Address 2861 SOMERSET DRIVE LAUDERDALE LAKES FL 33311-1968
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3. Date Incorporated or Qualified 12/10/1973	3a. Date of Last Report 03/07/1996
4. FEI Number 59-1579233	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**S.C.C.C., INC.
2845 SOMERSET DRIVE
LAUDERDALE LAKES FL 33311**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DS <input type="checkbox"/> DELETE
NAME	RUSHNOWITZ, ALICE
STREET ADDRESS	2861 SOMERSET DR
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	KOVAR, BEATRICE
STREET ADDRESS	2861 SOMERSET DR
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
TITLE	V <input type="checkbox"/> DELETE
NAME	DICKENS, PHILIP
STREET ADDRESS	2861 SOMERSET DR.
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	P <input type="checkbox"/> DELETE
NAME	STEINBERG, ANNETTE
STREET ADDRESS	2861 SOMERSET DR
CITY-ST-ZIP	LAUDERDALE LKS, FL 00000
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OT Marcia Alcred
2.3 STREET ADDRESS	2861 Somerset Dr
2.4 CITY-ST-ZIP	Lauderdale, Lks, FL
3.1 TITLE	VO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	PO <input checked="" 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *Marcia Alcred* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)