

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthom
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000002217 (7)**

1. Corporation Name
SOMERVILLE HOUSE INC.



Principal Place of Business: **C/O MARVIN KURZBAN, ESO. 2650 SW 27TH AVE., 2ND FLOOR MIAMI FL 33133**

Mailing Address: **C/O MARVIN KURZBAN, ESO. 2650 SW 27TH AVE., 2ND FLOOR MIAMI FL 33133**

3. Date Incorporated or Qualified: **10/27/1992** 3a. Date of Last Report: **03/01/1995**

4. FEI Number: **65-0483188** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes: Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**KURZBAN, MARVIN
2650 SW 27TH AVE.
2ND FLOOR
MIAMI FL 33133**

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 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KURZBAN, MARVIN | |
| STREET ADDRESS | 2650 SW 27TH AVE. | |
| CITY- ST- ZIP | MIAMI FL 33133 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | SOMERVILLE, JANE | |
| STREET ADDRESS | 3080 YONGE ST. STE. 5000 | |
| CITY- ST- ZIP | TORONTO, ONTARIO CA | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | CASPARI, DAVID | |
| STREET ADDRESS | 3080 YONGE ST. STE. 5000 | |
| CITY- ST- ZIP | TORONTO, ONTARIO CA | |
| 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. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE | |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **March 29/96**
By: _____
Type: _____

CR2E034 (12/95)