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**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000033701

1. Corporation Name

SOMERSET DESIGNS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/4/94

3a. Date of Last Report
NONE

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 1000 Venetian Way

26 P.O. Box 1569

65-0488932

Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 #113

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

23 Miami, FL

28 Ocala, FL

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

24 Zip 33139

25 Country U.S.A.

29 Zip 34478

30 Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALLY A. DRINKHOUSE

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1000 Venetian Way

83 #113

84 City Miami

FL

85 Zip Code 33139

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 fee if applicable)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/S/T/D
NAME SALLY A. DRINKHOUSE
STREET ADDRESS 1000 Venetian Way, #113
CITY ST ZIP Miami, FL 33139

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

200001547917
-07/27/95--01073--010
***\$225.00 ***\$225.00

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 recipient 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

DATE HERE

7-11-95