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May 10, 1999 8:00 am Secretary of State

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## 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

## DOCUMENT # 155324

1. Corporation Name

SOMO CORPORATION

| Principal Place of Business Mailing Address |   |  | -             |                    |                         | I IDDIES HERE SHEET SHEET HAVE HERE SHEET  |               | 1911 81911 91911 1891 |  |
|---|---|--|---------------|--------------------|-------------------------|--|---------------|-----------------------|--|
| P.O. BOX 1379 P.O. BOX 1379                 |   | P.O. BOX 1379  |               |                    |                         |  |               |                       |  |
| TULSA OK 74101                              |   | TULSA OK 74101   |               |                    |                         | DO NOT WRITE IN THIS SPACE   |               |                       |  |
| US US                                       |   | US   | <b>,</b>      |                    |                         | Date Incorporated or Qualified   |               |                       |  |
|   |   |  |               |                    |                         | 06/29/1948   |               | }                     |  |
| 2 Principal Pl                              | and of Rusiness   | 2a. Mailing Address  | <del></del> - |                    | <del></del>             | 4. FEI Number  |               | Applied For           |  |
|   |   |  |               |                    | 73-0717941              | Not Applicable   |               |                       |  |
| 21   2   2   2   2   2   2   2   2   2      |   | Suite, Apt. #, etc.  |               |                    |                         | \$8.75 Additional  |               |                       |  |
| 22 27                                       |   | <b>├</b> ¬ ' ' '   | ·             |                    |                         | 5. Certifcate of Status Desired  | Fee Required  |                       |  |
| City & State City & State                   |   |  |               |                    |                         | 6. Election Campaign Financing   | \$5.00 May Be |                       |  |
| 23  |   | 28   |               |                    | Trust Fund Contribution | Added to Fees  |               |                       |  |
| Zip   | Country   | Zip  | Cou           | ntry               |                         | 8. This corporation owes the current year li   |               | _                     |  |
| 24 25 29                                    |   |  | 30            | l                  |                         | Personal Property Tax.   |               |                       |  |
|   | 9. Name and Address of Current  | Registered Agent   |               |                    |                         | 10. Name and Address of New Registered   | l Agent       |                       |  |
|   |   |  |               | 81                 | Name                    |  |               |                       |  |
| MOORE, TUCKER                               |   |  |               | 82                 | Street Addr             | dress (P.O. Box Number is Not Acceptable)  |               |                       |  |
| 16400 GULF BLVD. STE. 507                   |   |  |               |                    |                         |  |               |                       |  |
| REDINGTON BEACH FL 33708                    |   |  |               | 83                 |                         |  |               |                       |  |
|   |   |  |               | 84                 | City                    |  | 85            | Zip Code              |  |
|   |   |  |               |                    | •                       | F  | _ ' 1_        |                       |  |
| office of t                                 | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligati | of Florida. Such change was                                | authorized    | 100                | tne corporatio          | oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur | ointment a    | g its registered      |  |
|   | " tallinal with and accept the obliged  | 5/15 5/ <sub>1</sub> 5 5 5/15 5 5/15 5 5/15 5/15 5/15 5/15 |               |                    |                         |  |               |                       |  |
| SIGNATURE                                   | Signature, typed or printed name of registered agent  | and title if applicable (NOT                               | E: Registered | Ager               | t signature require     | d when reinstating) DATE   |               |                       |  |
| 12.   | OFFICERS AND DIRECTORS  |  |               | 13.                |                         | ADDITIONS/CHANGES TO OFFICERS A  |               |                       |  |
| TITLE                                       | PST DELETE  |  | 1.1 Tr        | 1.1 TMLE           |                         |  | ☐ Cha         | nge 🗌 Addition        |  |
| NAME  | MOORE, C T  |  | 1.2 N         | 1.2 NAME           |                         |  |               | İ                     |  |
| STREET ADDRESS                              | 16400 GULF BLVD STE. 507  |  | 1.3 \$1       | REET               | ADDRESS                 |  |               |                       |  |
| CITY-ST-ZIP                                 | TY-ST-ZIP REDINGTON BEACH FL 33708  |  |               | 1.4 CITY-ST-ZIP    |                         |  |               |                       |  |
| TITLE                                       |   |  | 2.1 TI        | 2.1 TITLE          |                         |  | Cha           | nge 🗌 Addition        |  |
| NAME  | CARTWRIGHT, MARY K  |  |               | ME                 |                         |  |               | 1                     |  |
| STREET ADDRESS 5309 E PALOMINO RD           |   |  | 2.3 \$        | 2.3 STREET ADDRESS |                         |  |               |                       |  |
| CITY-ST-ZIP                                 | PHOENIX AZ 85018  |  |               | ITΥ-\$             | T- ZIP                  |  |               |                       |  |
| TITLE                                       | VD □ DELETE 3.1   |  | 3.1 TI        | 3.1 TITLE          |                         |  | Cha           | nge                   |  |
| NAME  |   |  | 3.2 N         | 3.2 NAME           |                         |  |               |                       |  |
| STREET ADDRESS                              |   |  | 3.3 S         | 3.3 STREET ADDRESS |                         |  |               |                       |  |
| CiTY-ST-ZIP                                 | i e e e e e e e e e e e e e e e e e e e   |  |               | 34 CITY-ST-ZIP     |                         |  |               |                       |  |
| TITLE                                       |   |  | 4.1 TITLE     |                    |                         | ☐ Cha  | nge Addition  |                       |  |
| NAME  | MOHR. B A   |  | 4.2 N         | 4. 2 NAME          |                         |  |               |                       |  |
| STREET ADDRESS                              | 16400 GULF BLVD. STE. 507   |  | 4.3 S         | REET               | ADDRESS                 |  |               |                       |  |
| CITY-ST-ZIP                                 |   |  | 4.4 C         | 4 CITY-ST-ZIP      |                         |  |               |                       |  |
| TITLE                                       |   | ☐ DELETE   | 5.1 Tf        |                    |                         |  | ☐ Cha         | nge 🔲 Addition        |  |
| NAME  |   |  | 5.2 N         | AME                |                         |  |               |                       |  |
|   | i e e e e e e e e e e e e e e e e e e e   |  |               |                    |                         |  |               |                       |  |
| STREET ADDRESS                              |   |  | 5.3 S         |                    | ADDRESS                 |  |               | İ                     |  |

5/GNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF

☐ DELETE

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 inflicer 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 attactment with an address, with all other like empowered.

☐ Change

☐ Addition