FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 324621

1. Corporation Name

SOMMERS, INC.

886 PACKINGHO								
		POST OFFICE BOX 7465						*
SARASOTA FL 34232 US		SARASOTA FL 34278			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife			
	•				12/28/1967			
					4. FEI Number			olied For
2. Principal Pla	ace of Business	2a. Mailing Address			" '			
21		26			59-1204514			Applicable
Suite, Apt. #	t. etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 _. A	
	1	27			3. Comments of Status 2 2 mm		Fee Re	quirea
City & State		City & State			6. Election Campaign Financir	^{ig} □	\$5.00	May Be ,
- ´		28			Trust Fund Contribution		Added to	o Fees
23	Country	Zip	Country	,	8. This corporation owes the c	urrent year Inta	angible	
Zip	 ' '	— ·	30		Personal Property Tax.		Yes	□No .
24	[25]		30		10. Name and Address of Ne	w Registered	Agent	
	9. Name and Address of Current	Registered Agent	81	Name	10. Hanna and Hannaca at its			·
	STATE OF A		181					
	MERS, LINFORD M.		82	Street Add	ress (P.O. Box Number is Not Acce	eptable)	•	·
	5 FRÜITVILLE RD.	•		l	gard to say a come or the section of	m forger, tops market of	tore with the second	000 4040 159s
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	to the broxisions or sections our lose							
US agent. I ar	egistered agent, or both, in the State of the mailiar with, and accept the obligations.	tions of, Section 607.0505, Flori	da Statutes	5.	poration submits this statement for ion's board of directors. I hereby ac		ntment as re	gistered
US agent, I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes	5.	ed when reinstating)	DATE		
US agent. I an	egistered agent, or both, in the State of manifer with, and accept the obligation of the state o	t and title if applicable. (NOTE:	da Statutes	5.		DATE	ID DIRECTO	ORS IN 12
US agent, I an SIGNATURE	n familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE:	Registered Age	5.	ed when reinstating)	DATE		
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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 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 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

ACOS PAUSIVILLE POAD

J. HOSAME

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90044 001 ***150.00

Addition

Change