

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

FILED  
Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 645936

(6)

1. Corporation Name

SODMART, INC.

Principal Place of Business

13052 COUNTY LINE RD  
HUDSON FL 34667-9850

Mailing Address

13052 COUNTY LINE RD  
HUDSON FL 34667-6405



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/21/1979		05/01/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1946764		Not Applicable	
24 Country		29 Country		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. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

STEPHEN WEEKS  
10240 PIPER DRIVE  
NEW PORT RICHEY FL 34654

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	P.D.
NAME	WEEKS, STEPHEN	1.2 NAME	WEEKS, Stephen
STREET ADDRESS	10240 PIPER DRIVE	1.3 STREET ADDRESS	10240 Piper Dr
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW Port Richey, FL
TITLE	VTD	2.1 TITLE	V.D.
NAME	WEEKS, ELAINE	2.2 NAME	WEEKS, Elaine
STREET ADDRESS	10240 PIPER DRIVE	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	S.D.
NAME		3.2 NAME	JEFFREY WEEKS
STREET ADDRESS		3.3 STREET ADDRESS	SAME
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	+D
NAME		4.2 NAME	MICHAEL WEEKS
STREET ADDRESS		4.3 STREET ADDRESS	SAME
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen D Weeks Stephen D Weeks 4-7-97 813-862-4104

CR2E034 (9/96)