FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

(3)

SUMER	ISET CONDU	INIMINIM NO: SE	EVEN, INC.					1 10 0 1/4 13 0 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18				
Principal Place of Business			Mailing Address				-					
2801 SOMERSE	T DRIVE	2801 SOMERSET DRIVE										
LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311												
							ŀ	3. Date Incorporated or Qualified	3a. Date	of Last R	eport	
6 D: 1 1 D	L	***						12/10/1973	04	/02/199)6	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number 59-1579234		 ~	plied For		
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.						\$8.75	t Applicable		
22		27					5. Certificate of Status Desired	<u> </u>	Fee Re			
City & State	ė	City & State				6. Election Campaign Financing		\$5.00				
Zφ				Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,				
24	25		29 30			· ·						
	9. Name and	gistered Agent					10. Name and Address of New Rec	latered Agr	ant			
m					81	Name						
FLORYN, WIDDER 2801 SOMERSET DR					82	Street	Addres	s (P.O. Box Number is Not Acceptabl	6)			
LAUDERDALE LAKES FL 33311											H - 112	
			84	City	·····	<u></u>	T.	1	o - 4:			
	Corgni					City			PLI		Code	
 11. Pursuant in office or re- 	to the provisions of egistered agent, of	of Sections 617.0502 a or both, in the State of	and 617.1508, Florid Florida. Such chanc	a Statutes, the	above zed by	-named the con	corpore	ation submits this statement for the pu is board of directors. I hereby accep	rpose of ch	anging it	s registered	
agent. I a	m familiar with, ar	d accept the obligation	ons of, Section 617.0					//	30/97		regionarea	
SIGNATURE	Signature, typed or print	ted name of registered agent a	and title if applicable	(NOTE: Beglet		nt sinnature	e remared s	when reinstating}	DATE		 	
12.		OFFICERS AND		1:		n organica (e required i	ADDITIONS/CHANGES TO OFFIC	ERS AND D	RECTOR	S IN 12	
TOLE	VP		☐ DE	ETE 1.1	TITLE		D			Change	Addition	
NAME	MORIN, HEC			1.2	NAME		PE	RICINS, RONALD	_			
STREET ADDRESS						address	780	of Somerset Dr. #6	104			
CITY-ST-ZIP TITLE	P	LAKES FL 33311	☐ DEt		CITY-S1	- ZIP	_					
NAME	WIDDER, FLO)RYN	L DEC		YITLE NAME		PA	TENAUPE, GEORGE	- ⊢] Change	Addition	
STREET ADDRESS		SET DR #209		2.3 \$				of Somerset Dr #				
CITY-ST-ZIP		LKS FL 33311		2.4				, ,	•		,	
TITLE	T		DEL		TITLE		V.P.			Change	Addition	
NAME	TADE-AZAM,		_	3.2	NAME		Bev	verly Merrill 1 Somerset Dr #G				
STREET ADDRESS	LAUDEDDALE LAUED EL DOGA							1 Somerset Dr #G	-114			
CITY-ST-ZIP TITLE	†	: LAKES FL 33311	☐ D£L		I. CITY-S	T-ZIP	-		·····			
NAME	etiener, de	NIS	□ 061		I TITLE O NAME		J	cien Denis	LIE	¶ Change	Addition Addition	
STREET ADORESS		SET DRIVE #315			2 NAME 3 STREET :	LUUBEGG		CIEN DON'S				
CITY-ST-ZIP		LAKES FL 33311		1	CITY-\$1							
TITLE	T		☐ DEI		TITLE		D		Z	Change	Addition	
NAME	P. JESTWREE			5.2	NAME		1.1	1. STURGILL				
STREET ADDRESS	2801 SOMER			5.3	STREET	ADDRESS		, #G-117				
CITY-ST-ZIP		LAKES FL 33311			CITY-ST	- ZIP						
TITLE NAME	S Baltimore,	DITH	L DEL		TITLE		7		L)	Change	Addition	
name Street address	2801 SOMER				NAME I STREET :	IUU0566		#6109	•			
CITY-ST-ZIP		LKS FL 3334			i Sinee i I Chty-St			· · · · · · · · · · · · · · · · · · ·				
14. Loo heret	ov certify that the i	nformation supplied v	vith this filing does n	of quality for th	A AVA	nation e	stated in	Section 119.07(3)(i), Florida Statutes	I further ce	rtify that	the	
l am an of	fficer or director o	the corporation or th	e receiver or trustee	empowered to	S exect	ite this i	report a	y signature shall have the same legal s required by Chapter 617, Florida St	enect as if ratutes; and	nade und that my n	ier oath; that ame	
appears in Block 12 or Block 13 if changed, or on an attachment with an address. Fig. 1/30/97 SIGNATURE: FLORYN WIDDER Pars 1/30/97												

SIGNATURE: _

FLOR YN WORDER

FILED

Feb 06 1997 8:00am

Secretary of State