## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H34155

191

APPROVED AND FILED

1997 AUG 26 PH 12: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 1. Corporation ROBER  | n Namo<br>T SOMME                                | ER, INC.                                  | 100  |                         | (2)                        |                 |                           |                | ı                                | <br>   |                  | 11 <b>8</b> 11 <b>2</b> 1841 <b>8</b> 1 | 1 <b>8</b> 14 <b>1</b> 11611 1881 |            |
|---|--|---|--|-------------------------|----------------------------|-----------------|---------------------------|----------------|----------------------------------|--|------------------|---|-----------------------------------|------------|
| Principal Plac  | o of Busines                                     |   |  | Mailing Ad              | dress                      |                 |                           |                |                                  |  |                  |   |                                   |            |
| Principal Place of Business Mailing Address  1650 W. OAKLAND PK. BLVD 11500 N.W. 8TH STREET FT. LAUDERDALE FL 33311 PLANTATION FL 33325 US US |  |   |  |                         |                            |                 |                           |                |                                  | DO NOT WRITE   | IN THIS S        | PACE                                    |                                   | _          |
|   |  |   |  |                         |                            |                 |                           |                |                                  | 3. Date Incorporated or Qualified  |                  | te of Last                              | •                                 |            |
| 9 Principal P   | Nece of Busin                                    | 1 3                                       | 2a. Mailing Address                            |                         |                            |                 |                           |                | 12/14/1984<br>4. FEI Number      | 05/  | 01/1996          |   | -                                 |            |
| 2. Principal Place of Business 21   |  |   |  | 26                      |                            |                 |                           |                |                                  | 59-2473474   |                  | F+                                      | Applied For<br>Not Applicable     | ,          |
| Suite, Apt. #, etc.   |  |   |  | Suite, Apt. #, etc.     |                            |                 |                           |                |                                  |  |                  |   | Additional                        | 7          |
| 22  |  | 27  | 27   |                         |                            |                 |                           |                | 5. Certificate of Status Desired |  | Fee F            | Pequired                                |                                   |            |
| City & Stat   | le   |   | City & State                                   |                         |                            |                 |                           |                | 6. Election Campaign Financing   |  |                  | May Be                                  |                                   |            |
| 23  |  | 28  | 28   |                         |                            |                 |                           |                | Trust Fund Contribution          |  |                  | d to Fees                               | 4                                 |            |
| Zip   | Country  |   |  | Zip                     |                            | 30              | _ Country<br>⊒            |                |                                  | 8. This corporation owes or has pa   |                  |   |                                   |            |
| 24  | 25 9. Name and Address of Current                |   |  |                         |                            |                 | <u> </u>                  |                |                                  | Personal Property Tax due June 10. Name and Address of New Re  |                  |   | ∐ No                              | 4          |
| DAI   | LE JR., CH                                       | · · · · · · · · · · · · · · · · · · ·     | outlone rog                                    | 1010100 71              |                            |                 | 81                        | Name           |                                  | 10. Hallo alla Addicas di How he   | giotorou /       | gont                                    | **                                | 1          |
|   | NE 4 ST.   | MILES S.                                  |  |                         |                            |                 |                           |                |                                  |  |                  | <del></del> _                           |                                   | 4          |
|   |  | LE FL 33301                               |  |                         |                            |                 | 82                        | Street         | Addres                           | ss (P.O. Box Number is Not Acceptal  | ole)             |   |                                   | -          |
| •   | CACCION  | EE 1 E 00001                              |  |                         |                            |                 | 83                        | _              |                                  |  |                  |   |                                   | 7          |
|   |  |   |  |                         |                            |                 | 84                        | City           | · · · ·                          |  | <b>-</b> -1      | <b>85</b> Zir                           | Code                              | -          |
| 44 Durauant   | to the provio                                    | ions of Castions 6                        | 07 0502 and                                    | CD7 1500                | Elorido Statul             | oc th           | o about                   | n nomed        | corco                            | ration submits this statement for the  | FL               | <u>hanaina</u>                          | ite registered                    | 4          |
| office or r<br>agent. I a   | regi <b>ste</b> red ag<br>im <b>fam</b> iliar wi | gent, or both, in the ith, and accept the | or.050z and<br>c State of Flo<br>c obligations | rida Such<br>of Section | chango was<br>607.0505, Fl | author<br>orida | rized by<br>Statutes      | the corp<br>s. | poratio                          | ration submits this statement for the policy accepts to a directors. I hereby accepts the state of directors and the state of the state | pt the appo      | ointment a                              | is registered                     |            |
| SIGNATURE   |  |   |  |                         |                            |                 |                           |                |                                  |  |                  |   |                                   |            |
| 12.   | Signature, typed                                 | or printed name of regis                  | fered agent and til<br>RS AND DIRE             |                         | e. (NO1                    |                 | stered Age                | on! signature  | required                         | when reinstating) ADDITIONS/CHANGES TO OFFICE  | DATE<br>CERS AND | DIRECTO                                 | DRS IN 12                         | $\dashv c$ |
| TITLE   | PD   | OFFICE                                    | NO PORD DIN                                    |                         | DELETE                     |                 | .1 TITLE                  |                | T                                | ADDITIONAÇÃO PARA TO OFFI  | JEIIO MIID       | Change                                  |                                   | 10/4       |
| NAME  |  | r, robert v.                              |  |                         |                            |                 | .2 NAME                   |                |                                  |  |                  |   |                                   |            |
| STREET ADDRESS  | 11500 N  |   |  |                         |                            |                 |                           | ADDRESS        |                                  |  |                  |   |                                   | ူဗ         |
| CITY-ST-ZIP   | PLANTA   | TION FL                                   |  |                         |                            | ] ,             | .4 CITY-S                 | T-ZIP          |                                  |  |                  |   | •                                 | P2F034     |
| TITLE   | \$   |   |  |                         | DELETE                     | 2               | A TITLE                   |                |                                  |  |                  | Change                                  | Addition                          |            |
| NAME  |  | R., CHARLES S.                            |  |                         |                            | 2               | 2.2 NAME                  |                |                                  | 4000022  | 790              | 44-                                     |                                   |            |
| STREET ADDRESS  | 414 NE   |   |  |                         |                            | 2               | .3 STREET                 | ADDRESS        |                                  | 400 <u>0</u> 022   | 70T              | 112(                                    | )13                               | 1          |
| CITY-ST-ZIP   | FT. LAU  | DERDALE FL                                |  |                         | <u> </u>                   |                 | . 4 C(1) - (              | ST - ZIP       |                                  | ****165  | .00 *            | ***16                                   |                                   | _          |
| TITLE   |  |   |  |                         | ☐ DELETE                   | - 1             | L1 TOLE                   |                | -                                |  |                  | Change                                  | Addition                          |            |
| NAME  |  |   |  |                         |                            |                 | 3.2 NAME                  |                |                                  |  |                  |   |                                   |            |
| STREET ADDRESS  |  |   |  |                         |                            |                 | •                         | ADDRESS        | 1                                |  |                  |   |                                   |            |
| CVY-ST-ZIP  |  |   |  |                         | DELETE                     |                 | 4. CITY-5                 | ST - ZIP       | ļ                                |  |                  | ☐ Change                                | Addition                          | 4          |
| TITE  |  |   |  |                         | □ DETER                    |                 | LT TITLE                  |                |                                  |  |                  | LI Criange                              | L Adulion                         |            |
| NAME<br>STREET ADDRESS  |  |   |  |                         |                            | 4               | . 2 NAME                  | *DDDCCC        |                                  |  |                  |   |                                   |            |
| STREET ADDRESS  |  |   |  |                         |                            |                 |                           | ADDRESS I      | \                                |  |                  |   |                                   | 1          |
| CITY-ST-ZIP<br>TITLE  |  |   |  |                         | DELETE                     |                 | I.4 CITY - S<br>I.1 TITLE | 1-211          | <u> </u>                         |  |                  | Change                                  | Addition                          | $\dashv$   |
| NAME  |  |   |  |                         |                            |                 | i.2 NAME                  |                |                                  |  |                  |   |                                   |            |
| STREET ADDRESS  |  |   |  |                         |                            |                 |                           | ADDRESS        |                                  |  |                  |   |                                   | 1          |
| CITY-ST-ZIP   |  |   |  |                         |                            |                 | 4 CITY-S                  |                |                                  |  |                  |   |                                   |            |
| TITLE   |  |   |  |                         | DELETE                     | _               | .1 TITLE                  |                |                                  |  |                  | Change                                  | Addition                          |            |
| NAME  |  |   |  |                         |                            | 6               | 2 NAME                    |                |                                  |  |                  | Qار (                                   | BY LAR 1                          | 1          |
| STREET ADDRESS  |  |   |  |                         |                            | ε               | 3 STREET                  | ADDRESS        |                                  |  |                  | - V                                     | \$12 <sup>1</sup>                 |            |
| A)T/ AT 3/A   | 1  |   |  |                         |                            |                 |                           |                | l                                |  |                  | ¥                                       | <b>ፖ</b> ነነ <sup>-</sup>          | 1          |

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.

## 11500 NW 8 St. Robert Sommer, Inc. Plantation, Fl. 33324

August 20, 1997

**Division of Corporations** 

Dear Sir or Madam,

I received a second notice to file a Profit Corporation Annual Report three weeks ago. I never received the first one. In past years when I received the first notice I paid it. I have not committed to memory the June 27 deadline for filing. I relied on receiving the first notice in the mail in order for me to remember to file on a timely basis.

Yours very truly,

Art Commer