

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

FILED

**Apr 17 1997 8:00am
Secretary of State**



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

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # M15703 (5)
1. Corporation Name
JOHN SOMMERER & COMPANY, P.A.



Principal Place of Business: **% JOHN SOMMERER, 1881 UNIVERSITY DR., CORAL SPRINGS FL 33071**
Mailing Address: **% JOHN SOMMERER, 1881 UNIVERSITY DR., CORAL SPRINGS FL 33071-8915**

3. Date Incorporated or Qualified: **05/22/1985** 3a. Date of Last Report: **04/30/1996**
4. FEI Number: **59-2534120** Applied For: Not Applicable
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

2. Principal Place of Business: **3300 University Drive, Suite, Apt. #, etc. 225, Coral Springs FL, Zip 33065**
2a. Mailing Address: **3300 University Dr., Suite, Apt. #, etc. 225, Coral Springs, FL, Zip 33065**

9. Name and Address of Current Registered Agent: **SOMMERER, JOHN, 1881 UNIVERSITY DR., CORAL SPRINGS FL 33071**
10. Name and Address of New Registered Agent: **81 Name, 82 Street Address (P.O. Box Number is Not Acceptable) 3300 University Drive, 83 # 225, 84 City Coral Springs FL, 85 Zip Code 33065**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE: DP | <input type="checkbox"/> DELETE | 1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: SOMMERER, JOHN | | 1.2 NAME: | |
| STREET ADDRESS: 1881 UNIVERSITY DR. | | 1.3 STREET ADDRESS: 3300 University Drive #225 | |
| CITY-ST-ZIP: CORAL SPRINGS FL | | 1.4 CITY-ST-ZIP: Coral Springs, FL 33065 | |
| TITLE: GC | <input type="checkbox"/> DELETE | 2.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: SOMMERER, DIANE K | | 2.2 NAME: | |
| STREET ADDRESS: 1881 UNIVERSITY DR | | 2.3 STREET ADDRESS: 3300 University Drive #225 | |
| CITY-ST-ZIP: CORAL SPRINGS FL | | 2.4 CITY-ST-ZIP: Coral Springs, FL 33065 | |
| TITLE: | <input type="checkbox"/> DELETE | 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | 3.2 NAME: | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | 4.2 NAME: | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME: | | 5.2 NAME: | |
| STREET ADDRESS: | | 5.3 STREET ADDRESS: | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP: | |
| TITLE: | <input type="checkbox"/> DELETE | 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: **DIANE K. Sommerer** 4/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)