

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

FILED

**Jan 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M90105 (1)

1. Corporation Name
SOMETCO, INC.

Principal Place of Business 4025 B. WOLVERTON BOCA RATON FL 33434	Mailing Address 4025 B. WOLVERTON BOCA RATON FL 33434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2238 Water Circle Boca Raton FL	2a. Mailing Address 22385 Water Circle Boca Raton FL 33486
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Boca Raton	28 City & State Boca Raton
24 Zip 33486	25 Country PB
29 Zip 33486	30 Country PB

3. Date Incorporated or Qualified 07/07/1988		
4. FEI Number 65-0057482	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**GALVIN, IRVING
4025 B. WOLVERTON
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name Irving Galvin
82 Street Address (P.O. Box Number is Not Acceptable) 23385 Water Circle
83
84 City Boca Raton
85 Zip Code FL 33486

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 *Irving Galvin* **Irving Galvin** **1-14-98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P GALVIN, IRVING
STREET ADDRESS	4025 B WOLVERTON
CITY-ST-ZIP	BOCA RATON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Galvin, Irving
1.3 STREET ADDRESS	23385 Water Circle
1.4 CITY-ST-ZIP	Boca Raton, FL 33486
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *Irving Galvin* **Irving Galvin** **1-14-98**

CR2E034 (10/97)