

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

APPROVED  
AND  
FILED  
Pg. 1 of 2

97 SEP 15 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **P94000016603 (0)**

1. Corporation Name  
**SOME LIKE IT HOT INC.**

Principal Place of Business  
**1800 PARK MEADOWS DR #3  
FT MYERS FL 33907**

Mailing Address

**1800 PARK MEADOWS DR #3  
FT MYERS FL 33907**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**22**

Suite, Apt. #, etc.

**23** City & State

**27** City & State

**24** Zip

**26** Country

**28** Zip

**29** Country

**30** Country

9. Name and Address of Current Registered Agent

**GROHMAN, KATHERINE K  
1830 PARK MEADOWS DR #3  
FT MYERS FL 33907**

**81** Name

**82** Street Address (P.O. Box **9003-0103** No Applicable  
-09/18/97-01103-002

**\*\*\*\*165.00 \*\*\*\*165.00**

**83** City

**FL** **84** 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 |   |
|----------------------------|-----------------------------|---|---|
| <b>TITLE</b>               | <b>D</b>                    | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                | <b>GROHMAN, KATHERINE K</b> |   | 1.2 NAME  |
| <b>STREET ADDRESS</b>      | <b>985 ADELPHI COURT</b>    |   | 1.3 STREET ADDRESS  |
| <b>CITY-ST-ZIP</b>         | <b>FT MYERS FL</b>          |   | 1.4 CITY-ST-ZIP   |
| <b>TITLE</b>               |                             | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                             |   | 2.2 NAME  |
| <b>STREET ADDRESS</b>      |                             |   | 2.3 STREET ADDRESS  |
| <b>CITY-ST-ZIP</b>         |                             |   | 2.4 CITY-ST-ZIP   |
| <b>TITLE</b>               |                             | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                             |   | 3.2 NAME  |
| <b>STREET ADDRESS</b>      |                             |   | 3.3 STREET ADDRESS  |
| <b>CITY-ST-ZIP</b>         |                             |   | 3.4 CITY-ST-ZIP   |
| <b>TITLE</b>               |                             | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                             |   | 4.2 NAME  |
| <b>STREET ADDRESS</b>      |                             |   | 4.3 STREET ADDRESS  |
| <b>CITY-ST-ZIP</b>         |                             |   | 4.4 CITY-ST-ZIP   |
| <b>TITLE</b>               |                             | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                             |   | 5.2 NAME  |
| <b>STREET ADDRESS</b>      |                             |   | 5.3 STREET ADDRESS  |
| <b>CITY-ST-ZIP</b>         |                             |   | 5.4 CITY-ST-ZIP   |
| <b>TITLE</b>               |                             | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>                |                             |   | 6.2 NAME  |
| <b>STREET ADDRESS</b>      |                             |   | 6.3 STREET ADDRESS  |
| <b>CITY-ST-ZIP</b>         |                             |   | 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: *Katherine K. Grohman* 9/15/97 041-775-9985

CR2E034 (4/97)

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Division of Corporations  
Dept of State: To whom this  
may concern, I n regards to  
the 1997 profit corp. annual report  
packet I have only received a packet  
with 2<sup>nd</sup> notice with in it I  
did not receive a first notice therefore  
after calling the phone # on the  
packet I was instructed to send a  
check for \$165.00 (enclosed)

Thank You regarding  
the matter

Kathryn Groden P.R.  
Some Like it Hot inc.  
9/10/97