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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000035838 (9)

1. Corporation Name
SOMERS INTERNATIONAL, INC.



Principal Place of Business

~~6804 WILLOW WOOD DRIVE~~
~~BOCA RATON FL 33434~~

Mailing Address

~~6804 WILLOW WOOD DRIVE~~
~~BOCA RATON FL 33434~~

2. Principal Place of Business

21 7494 SE PEACOCK ST.
Suite, Apt. #, etc.

2a. Mailing Address

26 7494 SE PEACOCK ST.
Suite, Apt. #, etc.

23 City & State

HOBE SOUND, FL
Zip 33455 Country USA

27 City & State

28 HOBE SOUND, FL
Zip 33455 Country USA

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0486318

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

9. Name and Address of Current Registered Agent

SOMERS, MARK
2213 NORTH UNIVERSITY DRIVE
6804 WILLOW WOOD DR, STE 403
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7494 SE PEACOCK ST.

83 City

HOBE SOUND

FL

85 Zip Code
33455

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

TITLE D
NAME SOMERS, PATRICE
STREET ADDRESS 6804 WILLOW WOOD DRIVE
CITY - ST - ZIP BOCA RATON FL 33434 ☐ DELETE

TITLE VP
NAME MARK SOMERS
STREET ADDRESS 6804 WILLOW WOOD DRIVE, #403
CITY - ST - ZIP BOCA RATON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/P/T/S/D
1.2 NAME SOMERS, PATRICE
1.3 STREET ADDRESS 7494 SE PEACOCK ST.
1.4 CITY - ST - ZIP HOBE SOUND, FL 33455 ☒ Change ☐ Addition

2.1 TITLE V/D
2.2 NAME MARK SOMERS
2.3 STREET ADDRESS 7494 SE PEACOCK ST
2.4 CITY - ST - ZIP HOBE SOUND, FL 33455 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

MARK SOMERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97 561-545-1077
Date Daytime Phone #

CR2E034 (9/96)